ANNUAL REPORT

OF THE

Medical College of Bengal.

SIXTEENTH YEAR: SESSION 1850-51.

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ANNUAL REPORT

OF THE

MEDICAL COLLEGE OF BENGAL.

SIXTEENTH YEAR: SESSION 1850-51.

UNDER THE IMMEDIATE CONTROL AND SUPERINTENDENCE OF THE
COUNCIL OF EDUCATION.

Calcutta:

W. PALMER, MILITARY ORPHAN PRESS.

1851.

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ANNUAL REPORT

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Medical College of Bengal.

SIXTEENTH YEAR—SESSION 1850-51.

Under the immediate Control and Superintendence of the Council of Education.

President.

THE HON'BLE J. E. D. BETHUNE, ..	*Fourth Ordinary Member of the Supreme Council.*

Members.

THE HON'BLE SIR J. W. COLVILE, ..	*Second Puisne Judge, Supreme Court.*
F. J. HALLIDAY, ESQ., ...	*Secy. Govt. of India, Home Dept.*
SIR H. M. ELLIOT, K.C.B., ...	*Secy. Govt. of India, Foreign Dept. with the Governor General.*
C. BEADON, ESQ., ...	*Secy. to the Board of Revenue for the Lower Provinces of Bengal.*
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J. FORSYTH, ESQ., ...	*Surgeon, Secy. Medical Board.*
BABU RUSSOMOY DUTT.	*Commissioner, Court of Small Causes.*
BABU RAMGOPAUL GHOSE, ...	*Merchant.*

Member and Secretary.

F. J. MOUAT, M.D., ...	*Assistant Surgeon, Bengal Army, (on sick leave.)*
E. GOODEVE, M.B., ...	*Offg. Secretary Council of Education.*

College Council.

D. STEWART, M.D.
H. WALKER, ESQ.
R. O'SHAUGHNESSY, ESQ., F.R.C.S.
H. FALCONER, M.D., F. R. S.

ALLAN WEBB, ESQ.
ANDREW ROBERTSON, ESQ.
W. MARTIN, ESQ.
C. O. WOODFORD, ESQ.

F. J. MOUAT, M.D., F.R.C.S., ...	*Member, Secretary, and Treasurer, (on sick leave.)*
E. GOODEVE, M.B., ...	*Member, Officiating Secretary and Treasurer.*

Instructive Establishment.

English Department.

Professor of Anatomy and Physiology and Curator of the Museum,	H. Walker, Esq.
Professor of Descriptive and Surgical Anatomy,	Allan Webb, Esq.
Assistant Demonstrator of Anatomy,	Dwarkanath Bose, M.R.C.S.
Professor of Chemistry and Practical Pharmacy,	A. Robertson, Esq.
Professor of Botany,	Dr. Falconer.
Professor of Medicine,	Dr. Mouat, (on sick leave.)
Officiating Professor of Medicine,	Dr. E. Goodeve.
Professor of Surgery,	R. O'Shaughnessy, Esq.
Professor of Midwifery,	Dr. Stewart.
Professor of Materia Medica,	Dr. E. Goodeve.
Professor of Medical Jurisprudence,	Dr. Woodford.
Professor of Ophthalmic Medicine and Surgery,	Dr. Martin.

MILITARY CLASS.

Superintendent and Lecturer on Anatomy and Surgery,	Mudoosooden Goopta.
Teacher of Materia Medica,	Sib Chunder Kirmokar.
Teacher of Medicine,	Prosunno Coomar Mitter.

MALE HOSPITAL.

Physician,	Professor F. J. Mouat, (on sick leave.)
Officiating Physician,	Dr. E. Goodeve.
Assistant Physician,	Dr. S. G. Chuckerbutty.
Surgeon,	Professor R. O'Shaughnessy.
House Surgeon and Apothecary,	Mr. G. Daly, G.M.C.B.

FEMALE AND LYING-IN HOSPITAL.

Officiating Physician,	Professor D. Stewart.
Resident Surgeon,	Prosunno Coomar Mitter.
Goodeve Scholar,	Deeno Nath Doss.

OUT-DOOR DISPENSARY.

Superintendent,	Mr. G. Daly.

The following is a list of the pupils of the English class at the close of the Session.*

Stipendiary Students, ...	50
Robertson Scholars, ...	3
Free Students, ...	58
Subordinate Medical Department, ...	8
Total,......	119

Of the Natives, 9 are Moohummudans, and the remainder Hindus:

Of the latter there are	*Brahmins,* ...	23
	Boidos,...	8
	Coistos, ...	32
	Weavers, ...	4
	Barbers, ...	2
	Bankers, ...	6
	Koybuttos,... ...	2
	Teelee, ...	1
	Sutgope, ...	1
	Moduck,...	1
	Total, ...	80

In the Military class there are 100 pupils upon the full monthly pay of five rupees, 7 pupils from Assam and 8 from Arracan, making in all 115; of these 89 are Moohummudans, 18 are Hindus, and 8 Burmese:

Of the Hindu students there are ...	*Brahmins,* ...	4
	Chuttries, ...	5
	Coistos, ...	4
	Rowany, ...	5
	Total, ...	18

Eighty-nine (89) of the pupils are Natives of the North-Western Provinces and Assam, sixteen of Bengal, and eight of Arracan.

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* At the beginning of the Session the number was 145: of these 1 died, 9 left the Institution, and 16 were struck off for irregularity of attendance.

The following tabular statement shews the attendance of the pupils of the Medical College, during the Session 1850-51:

CLASS.	Number of Lectures given.	Number of Students attending.	Total present at all the Lectures during the Session.	Total absent during the Session.	Daily average.		REMARKS.
					Present.	Absent.	
Anatomy and Physiology, ..	140	40	4,721	879	33·72	6·27	The absence of the pupils is to be accounted for generally, by sickness.
Descriptive and Surgical Anatomy, ...	108	73	6,946	938	64·31	8·68	
Medicine, ...	95	28	2,417	243	25·44	2·55	
Surgery, ...	86	28	2,234	174	25·97	2·2	
Midwifery, ...	77	22	1,409	285	18·29	3·71	
Chemistry, ...	89	89	6,793	1,128	76·32	12·67	
Botany, ...	60	81	3,620	1,240	60·33	20·66	
Materia Medica,	90	51	4,206	384	46·73	4·26	
Medical Jurisprudence, (Toxicology,)	53	22	936	230	17·66	4·33	

The daily average attendance of the Military class, residing in the College, was .... 108·83.

Statement of the number of bodies brought to the College for dissection and operations during the Winter Session of 1850-51:

Dissections.	In November 1850, ...	130
	In December, ...	219
	In January 1851,...	171
	In February, ...	129
	In March, ...	73
	Total, ...	722

Number of bodies dissected, ...	501
Number of bodies used for operations.	92
Number of bodies used in the examinations,...	23
Number of bodies of which no use was made, in consequence of rapid putrefaction, ...	68
Number of bodies for Lectures, ...	38
Total,... ..	722

Expenses of the Institution.

The cost of the Establishment from January to December 1850, was ...	56,323	10	5
Stipends to students, ...	4,370	6	3
Chemical Department, ...	35	12	9
Museum and Dissecting Department, ...	1,743	4	6
Medical College Department, ...	3,358	1	6
Book Allowances, ...	840	0	0
Total, ...	66,671	3	5

Opening of Session of 1850-51.

The Session for 1850-51 commenced on the 15th June. The introductory lecture was delivered by Professor Webb in the presence of the Right Reverend Bishop of Calcutta, the Hon'ble President and Members of the Council of Education, and a numerous assemblage of European and Native gentlemen interested in the diffusion of medical education amongst the Natives of India.

Dr. Webb's lecture was entitled Historical Relations of Ancient Hindu with Greek Medicine in Connection with the Study of Modern Medical Science in India. It contained an examination into the state of medicine in India previously to the introduction of European medicine, and a comparison of the Hindu medical knowledge with that of the Greeks. Dr. Webb showed the existence of a close analogy between the two systems, and gave reasons for supposing that India was the source from whence the Greeks derived their systems of medicine. He demonstrated that the Greeks had made advances in medicine much beyond the Hindus, and gave several instances of their shrewdness and comprehensive knowledge. He eulogized Galen, for having introduced right methods of investigation in the cultivation of medical science. While admitting the merit of the ancients, Dr. Webb pointed out the superior knowledge of the moderns in many respects, and dwelt upon the advantages which result to medical science, by the use of the modern instruments, and methods of research. He earnestly exhorted the students to apply themselves zealously to their studies, and above all, not to neglect the opportunities of deriving experience in disease, by diligent observation and study in the wards of the Hospital, and ever to bear in mind the high moral responsibility which their calling entails upon them.

Professor Webb's lecture was published at the request of the Council of Education.

Changes in the Establishments.

Several changes have taken place in the educational establishment since the publication of the last report. Hitherto the chairs of Materia Medica and Medical Jurisprudence had been held by the same officer, and the full course of lectures on Medical Jurisprudence had extended over two sessions, comprising about 35 lectures each. The Government, being desirous of rendering the College as complete as possible, took advantage of the opportunity presented by the vacancy of the office of Deputy Apothecary to order that the two chairs of Materia Medica and Medical Jurisprudence should be separated; and the former was attached permanently to the office of Deputy Apothecary, which it was considered would afford the Professor many facilities for efficiently discharging the duties of his chair. It was determined, at the same time, to institute a course of lectures on the latter science, which should exhibit the whole subject of Legal Medicine in a single session, as is the custom in Europe. In order to render the instruction as complete as possible, and to afford the pupils practical instruction in the method of carrying on Medico-legal investigations, it was resolved to attach the duty to the office of Police Surgeon which, it was considered, would afford ample opportunities for illustrating the lectures. With this view a room in the College was set apart for the use of the Professor of Medical Jurisprudence, to enable him, whenever practicable, to conduct the post mortem examination, which is required of him as Police Surgeon, in the presence of his class, and to demonstrate practically the methods of carrying on these investigations. In conformity with the above arrangements, Dr. E. Goodeve was appointed Deputy Apothecary to the East India Company, and ex-officio Professor of Materia Medica; and Dr. Woodford, the Police Surgeon, was nominated ex-officio Professor of Medical Jurisprudence.

On the 15th June Dr. F. Mouat took charge from Professor Webb of his duties of Professor of Medicine, and the latter officer reverted to his appointment of Professor of Descriptive and Surgical Anatomy, which left Dr. E. Goodeve, who had been officiating for Dr. Webb, free to assume the duties of the chair of Materia Medica.

In order to enable the pupils to receive instruction on the diseases of the eye as a special subject, the Council of Education applied to the Government of Bengal to sanction the building of an Eye Hospital adjoining the College, instead of that which is now rented in Wood Street. The Government refused to sanction the expense of the proposed new Hospital; but, being fully impressed with the importance of a knowledge of this branch of science, determined to add a chair of Ophthalmic Medicine and Surgery to the courses of lectures. In accordance with this determination, Mr. Martin, Superintendent of the Eye Infirmary, was nominated ex-officio Professor of Ophthalmic Medicine and Surgery, with instructions to deliver a course of lectures on diseases of the eye, and in conjunction with this, preparations are in progress which may result in obtaining for the students the benefit of Clinical study of the above diseases, on a larger scale than it has hitherto been possible to afford them.

In February Dr. H. Goodeve returned from sick leave, but did not resume charge of his office of Professor of Midwifery. He applied for furlough to Europe shortly after his return, and resigned his appointment in the College, after having been connected with it from its very commencement. The College Council recorded a minute expressive of their regret at losing a Colleague who had ever distinguished himself by his efficiency as a teacher, and by his activity in promoting the success of the Institution. This minute was forwarded by order to the Council of Education, who recorded their unanimous concurrence in the sentiments expressed by it.

Dr. Duncan Stewart has been appointed Professor of Midwifery in succession to Dr. Goodeve.

In November last Dr. F. Mouat, in consequence of sudden and severe illness, was obliged to obtain sick leave to proceed to sea for six months. He left Calcutta on the 8th of January, and Dr. E. Goodeve was directed to officiate for him in his appointments in the Medical College.

Comparison of Proficiency of Pupils of the Medical Schools of Bengal and Madras.

In the report of last year it was announced that it was probable that a comparison of the proficiency of the pupils of the Medical Schools of Bengal and Madras would be instituted. With reference to this object some correspondence took place between the authorities of the educational establishments of the two Presidencies. The College of Madras has expressed itself ready to engage in the proposed competition; but it was found impossible to complete the necessary preliminary arrangements this year, and the contest has therefore been postponed for the present.

Return of last Pupil from England.

The experiment of educating the natives of India in England, commenced by Dr. H. Goodeve, and conducted by him for some years, terminated in May last by the return to Calcutta of the remaining pupil Dr. S. G. Chuckerbutty. Dr. Chuckerbutty studied for five years at University College, London, and obtained the degree of Doctor of Medicine in that University. .He laboured strenuously and diligently in Europe, and has brought with him testimonials from the Professors under whom he studied in England, who all testify to his zeal and honourable acquirements. Since his return Dr. Chuckerbutty has been employed in the Medical College Hospital as Assistant Physician, and has performed his duties in a highly creditable manner.

Medical College Hospital.

The building of the Medical College Hospital has made considerable progress since the last report. The walls have reached their full height, and the roof is now being covered in; so that it is to be hoped that, before long the inhabitants of Calcutta will derive all the advantages which this magnificent structure is well calculated to afford them.

In connexion with this Hospital, it may be mentioned that the College Council, through the Council of Education, have preferred a claim on its behalf to the consideration of the Advocate General, in settling a scheme for the appropriation of the charitable bequest of Prince Jam Yudeen. Many patients leave the Hospital when, although, convalescent, they are too weak to begin work, even if it were immediately offered to them; and it appeared to the Council that this fund might be very properly and usefully employed in relieving this class of distressed persons; and that the benefit so obtained would have a material effect in inducing the natives to resort freely to the Hospital. The Advocate General's report has not yet been communicated to the Council.

Out-Door Dispensary.

Mr. Daly, in charge of the Out-Door Dispensary, reports that the conduct of the Military class employed in this Dispensary during the past year has been highly satisfactory, and, of 29 senior pupils sent up for examination, 26 have been found qualified. It was found necessary to make some alterations in the mode of employment at the Dispensary this year, in consequence of the generally short and often irregular attendance of Out-Door patients, not affording the students the means of completing their records of cases in a satisfactory manner. To remedy this, they were required to attend and act as Clinical Clerks in the Hospital, after having served the usual term of duty at the Dispensary as Compounders and Dressers. By this arrangement their means of Clinical instruction have been considerably extended, and their case-book has been rendered more complete and satisfactory.

Library. The following is a general return of the Library of the Medical College, during the year 1850:

Number of Volumes in the Library on the 1st January 1850,	5,715
Volumes presented, 604 Volumes purchased, 184 } Added during the year,...	788
	6,503
Destroyed to such extent as to be unfit for the purpose of study or reference,...	28
Number of Volumes in store on the 31st December 1850, ...	6,475
Number of Works in store on the 31st December 1850, ...	1,700

SUBJECTS OF THE WORKS.

Anatomy and Physiology,...	1,268
Surgery,...	500
Medicine, ...	1,802
Chemistry, ...	266
Materia Medica, ...	1,733
Medical Jurisprudence,...	99
Botany, ...	196
Midwifery, ...	83
Miscellaneous, ...	556
Total,...	6,503

Conduct of Students, English Class.

The conduct of the English class has generally been good. The opinions of the different Professors on this point are recorded in the reports which they have furnished.

Hindustani Class.

The conduct of the Hindustani class was good on the whole up to the end of November, when several of them were engaged in a riot with persons on the outside of the College walls, which led to the interference of the police, by whom ten of the pupils were seized and taken before the Magistrate, who punished all of them by fines. This matter was investigated by the Secretary of the College, and reported to the Council of

Education. By the orders of the Council, six stipendiary students and four free students were dismissed from the school. Since this occurrence their behaviour has been good.

The Arracan students have not made satisfactory progress in their studies, owing chiefly to their ignorance of the Hindustani and English languages. Measures are in progress to obtain some preliminary education for such of them as are likely to do well.

Student Apprentices.

The conduct of the student apprentices has been satisfactory and steady in the College. In quarters they have generally been quiet and correct in their behaviour; the College order-book contains but few reprimands directed towards them, and those for faults of a lighter kind than in previous years; being chiefly for a few instances of quarrelling among themselves and impatience towards servants.

The subjoined reports of their classes were submitted by the Professors:

Reports of the Professors.

The Professor of Medicine reported that the portion of the course given by him consisted of seventy-four lectures and ten examinations, and that he was unable to complete the duty assigned to him in the time allowed. In consequence he obtained permission to finish the course during the winter session. This he was unable, from illness, to accomplish, and Dr. Edward Goodeve was appointed to complete the work.

Dr. Mouat stated that he had much reason to be satisfied with the attention and attendance of his class, that the duties of the Medical Wards of the Male Hospital were well performed by the Assistant Physician Dr. Chuckerbutty, and that the Clinical Clerks generally were regular in their attendance, and zealous in their attention to the important office assigned to them.

In regard to the medical instruction of the Hindustani class, Dr. Mouat begged to be permitted to place on record the very earnest, and satisfactory, manner in which Sub-Assistant Surgeon Prosunno Coomar Mitter had conducted his duties. Systematic lectures were given by him to the class in Hindustani, upon the plan adopted in the English department. The students kept records of the most important cases under treatment in the Hospital, and their case-books were, during the summer term, regularly examined by the Professor of Medicine, who had thus ample means of judging of the manner in which the medical class of the Military school was taught.

Dr. E. Goodeve states that he delivered twenty-one lectures, without examinations, which, with those previously given by Dr. Mouat, brought up the number of lectures to ninety-four. He was quite satisfied with the attendance of his class.

Hindustani Class.

With regard to the Hindustani class Dr. E. Goodeve reports that his experience of the manner in which the pupils have been taught is confirmatory of the opinion formed by Professor Mouat. At the final examination of the pupils, he found that many of them were exceedingly well-informed on the subject of medicine. He feels that Babu Prosunno Coomar Mitter has bestowed much pains in teaching the students, and that they have profited much by his instructions.

Chemistry.

The Professor of Chemistry reports that, during the session, he has delivered eighty-nine lectures, one-half of the number of which, given during the summer half of the course, were of the duration of one hour and a quarter each.

Taking every thing into consideration, he has reason to be satisfied with the conduct and proficiency of the very numerous class attending him, upon the roll of which, during the greater part of the session, stood about one hundred names. Several of these students, however, never attended, though their names were retained on the roll, which, added to the numerous partial absences of students from illness during the last very sickly hot season, gives an unusual amount of absenteeism during the session, as marked in the tables.

Materia Medica, English Class.

The Professor of Materia Medica reports that the attendance of the pupils of his class was regular and their behaviour correct. The course consisted of ninety lectures, including examinations.

He thinks that the additional course of lectures on Materia Medica required by the revised curriculum has produced good results, in the improved knowledge of the subject shown by the pupils at the junior diploma examination.

Hindustani Class.

Dr. E. Goodeve was much pleased with the knowledge displayed by the Hindustani class. The final students, with few exceptions, manifested considerable quickness in identifying the drugs placed before them at the examination, and were well acquainted with the doses and properties of the different Pharmaceutical preparations. The second year pupils appear to have made good progress ; and some of them answered questions in Pharmaceutical Chemistry very correctly. Dr. E. Goodeve considers their knowledge highly creditable to their teacher Babu Sib Chunder Kurmokar.

Descriptive and Surgical Anatomy.

The Professor of Descriptive and Surgical Anatomy expresses his satisfaction with the conduct and attainments of his class generally throughout the past session.

Anatomy and Physiology.

The Professor of Anatomy and Physiology reports, that the students of his class and those of the Dissecting classes, both English and Hindustani, have pursued their studies in as satisfactory a manner as in former years.

Botany.

The attendance and conduct of the Botanical class during the past course have been satisfactory. The progress made by the pupils, as evinced by the results of the test and honor examinations, has been creditable. Several of the answers were very good, and the generality of them better than on previous occasions.

Medical Jurisprudence.

Professor Woodford reports that, during the summer season of the past session, he delivered twenty lectures upon Forensic Medicine and twenty-nine on Toxicology, and spent some fifty hours in examining bodies and instructing the students upon the morbid appearances of the same. He has much pleasure in stating that he found the students very attentive, and, with but two or three exceptions, industrious and intelligent; and at the examinations they exhibited a very reputable knowledge of Medical Jurisprudence.

Surgery, English Class.

The Professor of Surgery states that he has only to report that he is perfectly satisfied with the attention and progress of his class during the last session.

Hindustani Class.

Professor O'Shaughnessy was pleased with the acquirements of his class, and he considers that the pupils acquitted themselves very creditably in Surgery at the final examination.

Midwifery.

Dr. Stewart reports as follows:—In respect of attendance on lectures, I have to express my satisfaction with both classes, and the number of certificates of honor, which I found it almost necessary to bestow, attests the creditable proficiency of the fourth-year men, although they have had the benefit of but one year's study of Midwifery.

As respects the attendance of the students, I was much pleased with the eagerness evinced by all of them to be present, and to take charge of the cases during *parturition*; but, except to the English youths resident in or near the College, the advantages of actual experience in this department must always, I fear, be limited, while their attention is engrossed, (as it necessarily is during the 5th year), in preparation for their final examinations, and their residences in Town are at some distance from Hospital. Dr. Goodeve has lately suggested a modification in the terms of bestowal of his "*Scholarship*," which would throw it open to competition among the young men immediately *after* instead of *before* their final examination takes place; and there can be no doubt that one year's residence and experience in a large Hospital would, in such circumstances, do more to make a man wise and practically useful, than many years of previous opportunity, but of crude observation when his professional education was but incomplete.

A few such endowments, in the form of fellowships for one year, after graduating, would be of immense advantage to the holders of them, and would be noble objects of competition among our passed men, pre-eminently fitting them thereafter for the public service.

If attached to the Female Hospital, such an officer would be also able to extend to many Out-Door patients the benefits of immediate assistance, in cases of urgency or danger not admitting of removal into the Hospital; and, if accompanied by one, or even two pupils, the greatest advantage would be derivable by them from such experience.

Senior Diploma Examinations.

This examination was conducted this year as usual by Surgeon Forsyth with the assistance of the undernamed gentlemen as assessors:

Senior Surgeon J. Grant, Apothecary General.

Senior Surgeon W. Montgomerie, M. D., Garrison Surgeon.
Surgeon A. Chalmers, M. D.
Surgeon H. Chapman.
Surgeon J. Jackson.
Surgeon J. Esdaile.
Assistant Surgeon F. P. Strong, Civil Surg., 24-Pergunnahs.

The following students passed their examinations:

1 Mahomed Jaun.
2 J. Hinder.
3 Deenonath Dass.
4 Omeschunder Mitter.
5 Konoylall Sen.
6 Grischunder Paulit.
7 D. Renton.
8 Bissonath Gooptoo.

The Gold Medal for general proficiency was awarded to Mahomed Jaun.

The following is an extract from the report of the Government Examiner:

"In forwarding the table shewing the result of the final examination of the first class students of the Medical College of the Session 1850-51, for submission to the Council of Education, on the subjects as per margin, I have the honor to acquaint you, that as regards the number generally that came up for examination, it does not appear to the Assessors, or to myself, that any remark is demanded, beyond that of stating our impression, that the students have displayed a knowledge of the several branches of study, scarcely equally the average of the two or three last years; though, on this, as on other occasions, a few examples have been exhibited of remarkable talent and successful study. We consider the two students, whose written answers have been handed to the Officiating Secretary Medical College, to be printed, as usual, in the Annual Report, as by far the best and most deserving of the season."

Medicine, Surgery, Midwifery, Medical Jurisprudence, Operative Surgery in the Dissecting Room.

Twenty-four natives of Hindustan and two natives of Assam were found qualified for the situation of Native Doctor at the final examination held in March, and have been reported available for the public service. Their names are:

1 Foyzeab Khan.
2 Motee Misser.
3 Kumta Deen.
4 Abdullah Khan, 1st.
5 Abdul Rahman Khan, 1st.
6 Abdul Rahman Khan, 2nd.
7 Ghunsam Patuck.
8 Motee Lal.
9 Mowla Buksh.
10 Tossodokha Hossain.
11 Ameer Khan, 1st.
12 Sheikh Ozeer Buksh.
13 Sheikh Elahi Buksh.
14 Mahomed Zumeer.
15 Sheikh Ruheem Buksh, 1st.
16 Rujub Khan.
17 Brojokhukear Patuck.
18 Sheikh Abdullah, 1st.
19 Meer Haday Allee.
20 Jussodanund.
21 Siddessur Singh, Assamese.
22 Mahomed Osman, Ditto.
23 Meer Ruhnth Allee.
24 Kallee Churn Panday.
25 Hubbeeb Oollah.
26 Sheikh Afzal Hossain.

Among them Foyzeab Khan obtained the Gold Medal for general proficiency, and Jussodanund the Silver Medal for acquirements in Anatomy.

Junior Diploma Examination.

At the junior diploma examination of this year, the following pupils were found qualified to receive it:

Fifth year Students.

1 Omeshchunder Mitter.
2 Ameenoodeen.
3 Bissonath Gooptoo.
4 Grisehunder Paulit.
5 Konoylall Sen.
6 D. Renton.

Fourth year Students.

1 Abdul Humeed, 1st.
2 Gopal Chunder Patuek.
3 W. E. Hannah.
4 A. J. Meyer.
5 D. O'Brien.

Third year Students.

1 Behari Lal Ghose.
2 Koylas Chunder Chatterjee.
3 Juggernath Sen.
4 Ram Chunder Sen.
5 Chundernath Bises.
6 Nilmadhub Sen.
7 Sreenath Sen.
8 Dhormodoss Mookerjee.
9 C. Foy.
10 Radapersaud Sett.
11 Grisehunder Dutt.
12 Doorgadoss Kar.
13 A. G. Merrett.

The result of the junior diploma examination, conducted in March 1850, proved that this examination had been fixed too early in the course of study. The result was the rejection of a larger number of the candidates than is usual at examinations. The Professors, connected with the junior branches of study, reported to the College Council that they were unanimously of opinion, that it would be better to postpone the examination for the junior diploma from the end of the second to the end of the third session of study, and that the curriculum should be so altered as to require the attendance of the pupils upon additional courses of lectures upon the elementary subjects. At the same time it was recommended that, if the period for the junior studies were prolonged, the attendance of the pupils upon the senior courses should be postponed until the commencement of the fourth session. The College Council coincided in this view, and obtained the sanction of the Council of Education to alter the curriculum as proposed. As far as the results of one examination can be depended upon, the change seems to have been useful.

Buildings. The repairs of the buildings were finished during the hot season of last year, and the Male Hospital was re-opened in the beginning of June. The closing of the Hospital during six months, accounts for the smaller number of patients treated in the Medical and Surgical wards during 1850, as shown in the tables in the appendix. The quarters of the Military class have been much improved by the addition of a closed verandah, which is paved with asphalte in the same manner as the rest of the ward. The new verandah has added considerably to the means of accommodating the pupils, and even provides room for an additional number of students, should there be any necessity for it.

The appendix contains, as usual, the Hospital and Dispensary Returns of the past year, the official report on the students who have left the College, the various examination questions, with the answers of the most proficient students, a prize roll, and tabular statements of the results of all the examinations held. The answers of the students are printed without any correction of errors, either of grammar or of fact, contained in them.

(By Order,)

E. GOODEVE, M. B.,

Offg. Secretary.

Council of Education,
May 8, 1851.

APPENDIXES.

Appendix A. No. I.

Annual Return of Diseases treated in the Medical College Male and Female Hospitals, from the 1st January to 31st December 1850.

Number.	DISEASES.	Remaining.	Admitted.	Total.	Discharged cured.	Died.	Remaining.	Remarks.
1	Zymotic Diseases, ...	11	494	509	422	59	28	
	Sporadic Diseases.							
2	Of uncertain and variable seat, ...	1	56	57	51	2	4	
3	Of the Nervous System, ...	0	42	42	33	7	2	
4	Of the Respiratory Organs, ...	2	36	38	24	7	7	
5	Of the Organs of Circulation, ...	0	7	7	4	2	1	
6	Of the Digestive Organs, ...	0	49	49	35	10	4	
7	Of the Urinary Organs, ...	0	18	18	16	1	1	
8	Of the Organs of Generation, ...	11	91	102	80	4	18	
9	Of the Organs of Locomotion, ...	1	45	46	37	1	8	
10	Of the Integumentary System, ...	0	64	64	56	1	7	
11	Of the External Causes, Poisoning Asphyxia, Injuries, &c., ...	4	155	159	133	11	15	
	1.							
1	Variola, ...	0	2	2	2	0	0	
2	Varicella, ...	0	1	1	1	0	0	
3	Measles, ...	0	1	1	1	0	0	

Number.	DISEASES.	Remaining.	Admitted.	Total.	Discharged cured.	Died.	Remaining.	Remarks.
4	Diarrhœa, ...	0	35	35	32	3	0	
5	Dysentery, ...	2	86	88	47	31	10	
6	Cholera, ...	0	42	42	25	16	1	
7	Ague, ...	0	195	195	187	0	8	
8	Remittent Fever, ...	4	54	58	48	6	4	
9	Common Continued Fever, ...	0	45	45	40	3	2	
10	Erysipelas,......	0	3	3	3	0	0	
11	Syphilis, ...	5	34	39	36	0	3	
	2.							
12	Inflammation, ...	0	7	7	6	0	1	
13	Hemorrhage, ...	0	1	1	1	0	0	
14	Dropsy, ...	0	11	11	8	2	1	
15	Abscess, ...	0	16	16	15	0	1	
16	Mortification,...	0	0	0	0	0	0	
17	Purpura and Scurvy, ...	0	6	6	6	0	0	
18	Scrofula, ...	1	4	5	5	0	0	
19	Carcinoma, ...	0	3	3	3	0	0	
20	Tumours, ...	0	8	8	7	0	1	
	3.							
21	Apoplexia, ...	0	1	1	0	1	0	
22	Paralysis, ...	0	3	3	2	1	0	
23	Convulsions, ...	0	3	3	0	3	0	All cases of Traumatic Tetanus.

24	Epilepsia,	0	6	6	0	0	6	
25	Insanity,	0	0	0	0	0	0	
26	Delirium Tremens,	0	24	24	21	1	2	
27	Brain, &c. Diseases of,	0	5	5	4	1	0	
	4.							
28	Bronchitis,	2	16	18	14	0	4	
29	Pleurisy,	0	3	3	2	1	0	
30	Pneumonia,	0	4	4	3	1	0	
31	Asthma,	0	2	2	2	0	0	
32	Phthisis,	0	11	11	3	5	3	
	5.							
33	Aneurism,	0	2	2	1	0	1	Of the Aorta.
34	Heart, &c. Diseases of,	0	5	5	3	2	0	
	6.							
35	Enteritis,	0	4	4	2	2	0	
36	Peritonitis,	0	1	1	1	0	0	
37	Tabes Mesenterica,	0	1	1	0	1	0	
38	Ascites,	0	4	4	2	1	1	
39	Hernia,	0	1	1	0	1	0	
40	Colic or Ileus,	0	14	14	14	0	0	
41	Hæmatemesis,	0	2	2	2	0	0	
42	Hepatitis,	0	13	13	8	4	1	
43	Jaundice,	0	2	2	2	0	0	
44	Spleen, Diseases of,	0	7	7	4	1	2	
	7.							
45	Diabetes,	0	1	1	1	0	0	
46	Stone,	0	9	9	7	1	1	
47	Stricture,	0	8	8	8	0	0	

Number.	DISEASES.	Remaining.	Admitted.	Total.	Discharged cured.	Died.	Remaining.	Remarks.
	8.							
48	Childbirth, ...	9	86	95	73	4	18	
49	Uterus, &c. Diseases of, ...	2	5	7	7	0	0	
	9.							
50	Rheumatism, ...	1	45	46	37	1	8	
	10.							
51	Carbuncle, ...	0	4	4	3	1	0	
52	Ulcers, ...	0	49	49	42	0	7	
53	Fistula, ...	0	10	10	10	0	0	
54	Skin, &c. Diseases of, ...	0	1	1	1	0	0	
	11.							
55	Violent Deaths,......	0	0	0	0	0	0	
56	Causes not specified,......	0	0	0	0	0	0	
57	Wounds, and Accidents, ...	2	115	117	102	5	10	
58	Fractures, ...	2	36	38	27	6	5	
59	Poisoning, ...	0	4	4	4	0	0	By Arsenic, ... 1 „ Sulphate of Copper, ... 1 „ Opium,..................... 2
	Total,......	30	1061	1091	891	105	95	

NOTE.—The Male Hospital was closed for repairs from 1st January to 30th June 1850.

E. GOODEVE,
Officiating Secretary.

Medical College, the 31*st March*, 1851.

Appendix A. No. II.

Table of Admissions and Deaths in the Medical College Hospital for the year 1850.

Months.	Europeans.						Remarks.	Natives.						Remarks.
	Admitted.		Discharged.		Died.			Admitted.		Discharged.		Died.		
	Medical Cases.	Surgical Cases.	Medical Cases.	Surgical Cases.	Medical Cases.	Surgical Cases.		Medical Cases.	Surgical Cases.	Medical Cases.	Surgical Cases.	Medical Cases.	Surgical Cases.	
January, ...	7	3	4	3	0	0	Of the Deaths among Europeans— 15 were from 1 to 2 days in Hospital. 24 were from 2 to 7 days in Hospital. 10 were from 7 to 14 days in Hospital. 4 were from 14 to 20 days in Hospital. 2 were from 20 to 40 days in Hospital.	5	2	3	2	1	0	Of the Deaths among Natives— 13 were from 1 to 2 days in Hospital. 17 were from 2 to 7 days in Hospital. 11 were from 7 to 14 days in Hospital. 6 were from 14 to 20 days in Hospital. 3 were from 20 to 40 days in Hospital.
February, ...	4	1	3	1	1	0		6	3	4	3	0	0	
March, ...	6	2	4	1	1	0		5	5	2	4	0	1	
April, ...	7	2	3	2	0	0		4	3	3	2	2	1	
May, ...	6	3	4	3	0	0		4	2	2	1	1	1	
June, ...	4	2	2	2	1	0		4	3	3	3	0	0	
July, ...	82	23	75	21	7	1		60	33	43	26	2	2	
August,...	80	20	78	18	9	0		54	26	42	24	4	2	
September, ...	63	12	59	11	12	1		44	32	33	29	3	2	
October,...	72	16	58	16	8	0		51	25	36	23	9	2	
November,...	52	19	50	15	5	1		44	24	32	22	7	2	
December, ...	44	24	40	22	8	0		43	25	33	21	7	1	
Total, ...	427	127	380	115	52	3	Total, ...	324	183	236	160	36	14	

E. GOODEVE,
Officiating Secretary.

Medical College, the 31*st March* 1851.

Appendix A. No. III.

Return of Surgical Operations performed by Professor R. O'Shaughnessy in the Medical College Hospital, from 1st July to 31st December 1850.

Nature of Operation.	Number.	Result.		Remarks.
		Died.	Cured.	
Amputation of the shoulder joint, ...	0	0	0	
Amputation of the arm, ...	3	1	2	The fatal case occurred by tetanus, which had appeared previous to the operation in a case of compound fracture of the elbow joint.
Amputation of the thigh, ...	2	1	1	The fatal case occurred in an old man who was severely and extensively burnt in various parts of the body, especially the left leg and thigh, which were in a state of mortification.
Amputation of the leg, ...	1	0	1	
Amputation of the foot, ...	1	0	1	
Lithotomy, ...	9	1	8	In the fatal case death occurred from peritonitis.
Excision of the elbow joint, ...	1	0	1	
Excision of encysted tumors, ...	4	0	4	
Excision of cancerous breast, ...	3	0	3	
Excision of hypertrophied labia, ...	1	0	1	
Operation for strangulated hernia, ...	1	1	0	This patient was admitted to Hospital in a state of collapse with an enormous scrotal hernia, containing nearly the whole of the small intestine and mesentery in a state of strangulation for 12 hours, he never rallied and died soon after the operation.

Nature of Operation.	Number.	Result.		Remarks.
		Died.	Cured.	
Operation for cataract, ...	19	0	19	
Operation for fistula lachrymalis, ...	2	0	2	
Operation for fistula in ano, ...	3	0	3	
Operation for Fistula or perineo, ...	5	0	5	
Operation for hydrocele,...	14	0	14	
Operation of phymosis, ...	10	0	10	
Luxations of the shoulder joint reduced,	6	0	6	
Luxations of the hip joint reduced, ...	2	0	2	
Minor operations, ...	60	0	60	
Fractures set up, ...	36	6	30	The deaths were chiefly from accidents on board of ship and by falls from the tops of houses.
Total,......	183	10	173	

E. Goodeve,
Officiating Secretary.

Medical College, the 31*st March* 1851.

Appendix A. No. IV.

Annual Return of Diseases treated in the Out-Door Dispensary of the Medical College, from 1st January to 31st December 1850.

Number.	DISEASES.	Remaining.	Admitted.	Total.	Discharged cured.	Relieved.	Absconded.	Died.	Remaining.	Remarks.
1	Zymotic Diseases, ...	32	4862	4894	4650	209	0	0	35	
2	Of uncertain or variable seat, ...	17	2267	2284	2204	65	0	0	15	
3	Of the Nervous System, ...	1	40	41	3	36	0	0	2	
4	Of the Respiratory Organs, ...	3	651	654	604	47	0	0	3	
5	Of the Digestive Organs, ...	11	1380	1391	1250	129	0	0	12	
6	Of the Urinary Organs, ...	0	49	49	0	49	0	0	0	
7	Of the Organs of Generation, ...	0	199	199	199	0	0	0	0	
8	Of the Organs of Locomotion, ...	13	1712	1725	1311	403	0	0	11	
9	Of the Integumentary System, ...	13	2096	2109	1935	157	0	0	17	
10	External Causes, Poisoning, Asphyxia, Injuries, &c., ...	10	783	793	760	27	0	0	6	
	1.									
1	Diarrhœa, ...	0	212	212	212	0	0	0	0	
2	Dysentery, ...	4	584	588	374	209	0	0	5	
3	Ague, ...	7	775	782	776	0	0	0	6	
4	Remittent Fever, ...	4	491	495	489	0	0	0	6	
5	Common Continued Fever, ...	8	1435	1443	1436	0	0	0	7	
6	Erysipelas, ...	0	31	31	31	0	0	0	0	
7	Syphilis, ...	9	1334	1343	1332	0	0	0	11	

	2.									
8	Inflammation, ...	7	572	579	574	0	0	0	5	Ophthalmia, Orchitis, Otitis, &c.
9	Dropsy, ...	7	715	722	717	0	0	0	5	Chiefly Hydrocele.
10	Abscess, ...	3	758	761	756	0	0	0	5	
11	Mortification, ...	0	34	34	0	34	0	0	0	
12	Scrofula, ...	0	31	31	0	31	0	0	0	
13	Tumors, ...	0	157	157	157	0	0	0	151	Common Encysted Tumors, Hypertrophied Prepuce and Scrotum, Hemorrhoidal and Condylomatous Tumors, &c.
	3.									
14	Paralysis, ...	1	14	15	0	13	0	0	2	
15	Epilepsy, ...	0	17	17	0	17	0	0	0	
16	Insanity, ...	0	9	9	3	6	0	0	0	
	4.									
17	Quinsey, ...	0	81	81	81	0	0	0	0	
18	Bronchitis, ...	3	441	444	441	0	0	0	3	
19	Pleurisy, ...	0	56	56	56	0	0	0	0	
20	Asthma, ...	0	36	36	0	36	0	0	0	
21	Lungs, &c. Diseases of, ...	0	37	37	26	11	0	0	0	Hæmoptysis, Phthisis, &c.
	5.									
22	Teething, ...	0	416	416	416	0	0	0	0	
23	Worms, ...	0	78	78	78	0	0	0	0	
24	Ascites, ...	0	31	31	0	28	0	0	3	
25	Hernia, ...	0	20	20	0	20	0	0	0	Reducible.
26	Colica, ...	0	105	105	105	0	0	0	0	Simple Colic.
27	Stomach, &c. Diseases of, ...	5	353	358	354	0	0	0	4	Mostly all Dyspepsia.
28	Hepatitis, ...	3	30	33	32	0	0	0	1	
29	Jaundice, ...	0	24	24	24	0	0	0	0	
30	Spleen, &c. Diseases of, ...	3	322	325	240	81	0	0	4	
	6.									
31	Strictura, ...	0	49	49	0	49	0	0	0	Of the Urethra.

Number.	DISEASES.	Remained.	Admitted.	Total.	Discharged cured.	Relieved.	Absconded.	Died.	Remaining.	Remarks.
	7.									
32	Uterus, &c. Diseases of,...	0	199	199	199	0	0	0	0	Amenorrhœa, Dysmenorrhœa, Leucorrhœa, Menorrhagia, &c.
	8.									
33	Rheumatism, ...	13	1665	1678	1264	403	0	0	11	
34	Joints, Diseases of, ...	0	47	47	47	0	0	0	0	
	9.									
35	Carbuncle, ...	0	25	25	25	0	0	0	0	
36	Phlegmon, ...	0	120	120	120	0	0	0	0	
37	Ulcer, ...	6	1234	1240	1232	0	0	0	8	
38	Fistula, ...	0	61	61	61	0	0	0	0	
39	Skin, &c. Diseases of,...	7	656	663	497	157	0	0	9	Psora et Herpes, Lepra.
	10.									
40	Causes not specified, ...	0	27	27	0	27	0	0	0	Neuralgia.
41	Contusions, ...	4	323	327	325	0	0	0	2	
42	Wounds, ...	3	231	234	231	0	0	0	3	
43	Fractures, ...	1	52	53	52	0	0	0	1	
44	Dislocations and Subluxations, ...	0	43	43	43	0	0	0	0	
45	Burns and Scald,...	2	107	109	109	0	0	0	0	
	Total,......	200	28077	28277	25831	2244	0	0	202	

E. GOODEVE,
Officiating Secretary.

Medical College, the 31*st March* 1851.

Appendix A. No. V.

Return of Minor Surgical Operations performed at the Out-Door Dispensary of the Medical College, during the year 1850.

Nature of the Operation.	Number.	Result.			Remarks.
		Died.	Unknown.	Cured.	
Amputations of fingers and toes, ...	14	0	0	14	
Amputations of hypertrophied prepuce,	6	0	0	6	
Encysted and other tumors excised, ...	47	0	0	47	
Tapping for abdominal dropsy, ...	8	0	0	8	
Tapping for hydrocele, ...	710	0	0	710	
Fistulæ laid open,...	61	0	0	61	
Abscesses opened, ...	783	0	0	783	
Teeth extracted, ...	326	0	0	326	
Operation for phymosis, ...	42	0	0	42	
Operation for paraphymosis, ...	34	0	0	34	
Operation for onychia, ...	57	0	0	57	

Nature of the Operation.	Number.	Result.			Remarks.
		Died.	Unknown.	Cured.	
Operation for ranula, ...	3	0	0	3	
Luxation of the shoulder joint reduced,	14	0	0	14	
Luxation of the wrist joint, ...	0	0	0	0	
Luxation of the thumb, ...	3	0	0	3	
Luxation of the clavicle,...	4	0	0	4	
Luxation of the lower jaw, ...	5	0	0	5	
Prolapsus ani reduced, ...	7	0	0	7	
Venesection and arteriotomy, ...	360	0	0	360	
Catheters passed for retention of urine,	147	0	0	147	
Setons introduced, ...	14	0	0	14	
Foreign bodies extracted, ...	23	0	0	23	
Incarcerated hernia reduced by taxis, ...	20	0	0	20	
Fractures put up,...	52	0	0	52	
Total,......	2740	0	0	2740	

Medical College, the 31*st March* 1851.

E. Goodeve, *Officiating Secretary.*

Appendix A. No. VI.

Return of Eye Diseases treated at the Ophthalmic Ward of the Out-Door Dispensary of the Medical College, by Professor R. O'Shaughnessy, during the year 1850.

Diseases.	Remaining.	Admitted.	Total.	Discharged cured.	Relieved.	Absconded.	Remaining under treatment.	Remarks.
Acute ophthalmia, ...	1	230	231	231	0	0	0	
Chronic ophthalmia,	2	110	112	37	62	11	2	
Interstitial abscess of the cornea,......	0	4	4	4	0	0	0	
Ulcer of the cornea,...	1	15	16	16	0	0	0	
Sloughing cornea, ...	0	6	6	6	0	0	0	
Vascular cornea, ...	1	5	6	5	0	0	1	
Opacity of the cornea,	0	25	25	23	0	0	2	
Wounds of the cornea,	0	4	4	1	3	0	0	
Inflammation of the internal tunics, ...	1	12	13	12	0	0	1	
Pustular ophthalmia,	0	7	7	7	0	0	0	
Catarrhal ophthalmia,	0	2	2	2	0	0	0	
Purulent ophthalmia,	0	6	6	6	0	0	0	
Cataract incipient and mature, ...	4	42	46	19	26	0	1	
Amaurosis, ...	0	9	9	0	9	0	0	
Pterygium, ...	0	5	5	5	0	0	0	
Impaired vision, ...	0	14	14	10	3	0	1	
Prolapsus iridis, ...	0	2	2	2	0	0	0	
Staphyloma, ...	0	7	7	2	5	0	0	
Dislocation of the lens into the anterior chamber, ...	0	1	1	1	0	0	0	
Closed pupil, ...	0	1	1	1	0	0	0	
Hemeralopia, ...	0	0	0	0	0	0	0	
Trichiasis,...............	0	2	2	2	0	0	0	
Nictalopia, ...	0	12	12	12	0	0	0	
Glaucoma, ...	0	2	2	0	2	0	0	
Entropium, ...	0	1	1	1	0	0	0	
Obstruction of the nasal duct,.........	0	5	5	5	0	0	0	
Ecchymosis, ...	1	8	9	9	0	0	0	
Hordeolum, ...	0	4	4	4	0	0	0	
Cancerous ulceration of internal canthus,	0	0	0	0	0	0	0	
Total,......	11	541	552	423	110	11	8	

Medical College, the 31*st March* 1851. E. Goodeve, *Offg. Secretary.*

Appendix A. No. VII.

Tabular Statement of the number of Patients treated in the Out-Door Dispensary of the Medical College, during each month of the year 1850.

Number.	Months.	1850.	Remarks.	
			Of the numbers mentioned in the preceding columns there attended in 1850	
			Once,	3382
			Twice,	2687
			Thrice,	1799
1	January,	1111	Four times,	1174
2	February,	1159	Five times,	1099
3	March,	1070	Six times,	1012
4	April,	1161	Seven times,	801
5	May,	1199	Eight times,	662
6	June,	1088	Nine times,	482
7	July,	1165	Ten times,	419
8	August,	1273	Eleven times,	317
9	September,	1194	Twelve times,	215
10	October,	1331		
11	November,	1149		
12	December,	1149		
	Total,...	14049	Total,...	14049

Medical College, the 31*st March* 1851. E. Goodeve, *Offg. Secretary.*

Appendix B. No. I.

Return of Sub-Assistant Surgeons educated at the Medical College, for the year 1850.

FORT WILLIAM, MEDICAL BOARD OFFICE, 28TH MARCH 1851.

Number.	Names.	Date of Rank.	Stations to which attached.	Conduct and Qualifications.	Remarks.
	Oma Churn Sett, ...	13th Feb. 1839,	Charity Hospital, Burdwan,	Very good.	
	Sama Churn Dutt, ...	13th Feb. 1839,	Govt. Dispensary, Jubbulpore, ...	Excellent.	
	Issur Chunder Gangooley,	1st Jan. 1840,	Alms House, Midnapore,...	Good and satisfactory.	
	Ramnarain Doss,...	1st Jan. 1840,	Civil Station and Dispensary, Budaon, ...	....	On leave for 6 months.
5	Jaudub Chunder Sett, ...	1st Jan. 1840,	Govt. Dispensary, Bareilly,	....	
	Nobin Chunder Paul,......	1st Jan. 1840,	Dispensary, Benares, ...	Attentive and efficient.	
	Mr. R. G. W. Heming, ...	1st Jan. 1840,	Civil Station, Calpee,.........	No report received.	
	Calla Chand Dey, ...	14th Jan. 1841,	Govt. Dispensary, Bhowanipore, ...	Highly talented and very attentive.	
	Rajkristo Chatterjee, ...	10th Feb. 1841,	Govt. Dispensary, Simla, ...	No report received.	
10	Jaudub Chunder Dharra,	10th Feb. 1841,	Govt. Dispensary, Moorshedabad, ...	Good.	
	Chimun Loll, ...	10th Feb. 1841,	Govt. Dispensary, Delhie,	Very intelligent and zealous.	

Number.	Names.	Date of Rank.	Stations to which attached.	Conduct and Qualifications.	Remarks.
12	Nilmoney Dutt, ...	24th March 1841,	Civil Station, Furreedpore,	....	On leave for 2 months, from 18th October 1850.
	Budden Chunder Chowdry,	11th Feb. 1842,	Emambarrah Hospital, Hooghly, ...	Excellent and attentive.	
	Mohes Chunder Nun,......	11th Feb. 1842,	Govt. Dispensary, Muttra,	Satisfactory and superior.	
15	Dinonauth Dhur, ...	11th Feb. 1842,	Charity Hospital, Mulnauth,	No report received.	
	Sada Churn Mullick, ...	11th Feb. 1842,	Govt. Dispensary, Futtyghur,	Good.	
	Sama Churn Sircar, ...	11th Feb. 1842,	Pilgrim Hospital, Gyah,......	Very good.	
	Purmanund Sett, ...	11th Feb. 1842,	Sukeas' Lane, Govt. Dispensary, Calcutta, ...	No report received.	
	Mohes Chunder Dey, ...	11th Feb. 1842,	Canal Department, Dadoopore, ...	Good.	
20	Gopaul Kristo Goopt, ...	23d Feb. 1842,	Jail and Civil Station, Sirsa,	....	On leave for 6 months, from 26th October 1850.
	Mr. F. F. DeCruze, ...	28th Dec. 1842,	Civil Station, Agra, ...	Satisfactory.	
	Shama Churn Dey,... ...	28th Dec. 1842,	Govt. Dispensary, Saharunpore, ...	....	Rejoined from leave 10th November 1850.
	Chunder Seekur Holdar,	28th Dec. 1842,	Civil Station, Jhung Punjaub,.....	No report received.	
	Tara Chand Pyne, ...	28th Dec. 1842,	Govt. Dispensary, Moradabad, ...	Very satisfactory.	

25	Gobind Chunder Doss,...	28th Dec. 1842,	Unposted,......................	....	Obtained leave of absence for 6 months at Cawnpore, by order of the Lieut. Governor from 20th July 1850.
	Purmessur Doss,...	28th Dec. 1842,	Dispensary, Battala, ...	Superior.	
	Syud Inayut Hossein, ...	28th Dec. 1842,	Residency Hospital, Lucknow, ...	Attentive and very efficient.	
	Dhurmodoss Bose, ...	18th March 1844,	Govt. Dispensary, Agra, ...	Irregular and unsatisfactory.	
	Purmessur Shawa, ...	25th March 1844,	Meywar Bheel Corps,........	No report received.	
30	Hurronauth Mitter, ...	26th May 1845,	Govt. Dispensary, Dacca, ...	Intelligent and able.	
	Wazeer Khan,...	26th May 1845,	Jail Hospital, Domah, ...	Good and well-qualified.	
	Dwarkanath Chatterjee,...	26th May 1845,	City Dispensary, Bhaugulpore,	Very good.	
	Taruck Chunder Lahory,	26th May 1845,	Civil Station, Shaikepoorah, Punjaub, ...	No report received.	
	Tara Chaund Sen, ...	20th May 1846,	Jail and Civil Station, Kythal,	Good.	
35	Obhoy Churn Newghee,	20th May 1846,	Govt. Dispensary, Shajehanpore, ...	Most zealous and very well-informed.	
	Doyal Chand Bysack, ...	20th May 1846,	Dispensary, Jehanabad, ...	No report received.	
	Coonjeebeharree Chatterjee, ...	20th May 1846,	Hindoo College, Dispensary,	No report received.	
	Monohur Mookerjee, ...	20th May 1846,	Govt. Dispensary, Cawnpore,	Satisfactory.	
	Tumez Khan, ...	16th June 1847,	Govt. Dispensary, Lahore,	Very good.	
40	Jaudub Chunder Ghose,	16th June 1847,	Civil Station, Futtehpore, Goojeerat, Punjaub, ...	No report received.	
	Omes Chunder Bose, ...	16th June 1847,	Govt. Dispensary, Goruckpore, ...	Good.	

Number.	Names.	Date of Rank.	Stations to which attached.	Conduct and Qualifications.	Remarks.
42	Ramsoonder Ghose,... ...	16th June 1847,	Civil Station, Leia, Punjaub,	No report received.	
	Tara Chand Bannerjee,...	16th June 1847,	Govt. Dispensary, Allahabad,...	Good and superior.	
	Buddinauth Bromo, ...	16th June 1847,	Govt. Dispensary, Chittagong, ...	Of the highest order.	
45	Kalleenath Moozumdar,	16th June 1847,	Govt. Dispensary, Ghazeepore, ...	Excellent.	
	Mr. F. J. Pettingal, ...	25th May 1848,	In Medical charge, Bheel Agency, ...	No report received.	
	Neelmadub Mookerjee, ...	25th May 1848,	Civil Station, Shahpore, Punjaub,.........	No report received.	
	Govind Chunder Dutt, ...	25th May 1848,	Govt. Dispensary, Pooree,...	Good.	
	Mr. D. Picachy,...	25th May 1848,	City Dispensary, Purneah,...	Very good.	
50	Mr. W. J. Ellis, ...	12th April 1849,	Civil Station, Pubna, ...	No report received.	
	Nobogopaul Ghosal, ...	12th April 1849,	Nagpore Rajah's Dispensary,	No report received.	
	Kallydoss Nundy, ...	12th April 1849,	Govt. Dispensary, Mirzapore, ...	Very intelligent and attentive.	
	Mr. A. Thomas, ...	12th April 1849,	Civil Station, Ramree, ...	No report received.	
	Fukeer Chunder Bose, ...	12th April 1849,	Saut Gurria Dispensary, ...	No report received.	
55	Mr. James Kearney, ...	11th April 1850,	Civil Station, Cheybassa, ...	Very good.	
	Bukshee Ram,...	11th April 1850,	Dispensary, Lahore, ...	No report received.	
	Sreenath Mookerjee, 1st,	11th April 1850,	Govt. Dispensary, Bareilly,	Well-qualified and most intelligent.	
	Bholanath Doss, ...	11th April 1850,	Govt. Dispensary, Ajmere,	No report received.	Lately joined.
	Sreenath Mookerjee, 2nd,	11th April 1850,	Govt. Dispensary, Almorah,	Good.	

60	Madhubloll Shome,... ...	11th April 1850,	Govt. Dispensary, Sreenugger, ...	....	No time for observation, joined 30th October 1850.
	Mr. J. J. Durant, ...	11th April 1850,	City Dispensary, Tirhoot,...	Very good, ...	Temporarily in Medical charge of the Civil Station of Chumparun, from 10th December, by order of the Deputy Governor.
62	Mr. C. Raddock,...	11th April 1850,	Dispensary, Budaon, ...	Satisfactory.	

J. Forsyth, *Senior Surgeon,*
Secy., Medical Board.

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Return of Native Doctors educated at the Secondary Class of the Medical College, for the year 1850.

FORT WILLIAM, MEDICAL BOARD OFFICE, 28TH MARCH, 1851.

Number.	Names.	Date of Rank.	Corps and Stations to which attached.	Character and Qualifications.	Remarks.
1	Moohummud Hossain, ...	3rd Nov. 1841,	29th Regt. N. I., Peshawur,	Good.	
	Moohummud Cossim Alli,	3rd Nov. 1841,	8th Irregular Cavalry, Sultanpore, ...	Good.	
	Fuzoollah Khan, ...	3rd Nov. 1841,	67th Regt. N. I., Dinapore,	Good.	
	Alli Bux, 2nd, ...	3rd Nov. 1841,	2nd Regt. Light Cavalry, Umballa, ...	Very good.	
5	Bux Khan, ...	3rd Nov. 1841,	72nd Regt. N. I., Bareilly, ...	Good.	
	Chunder Deen Sukull, ..	3rd Nov. 1841,	Garrison of Agra, ...	Good.	
	Alli Bux, 1st, ...	3rd Nov. 1841,	Civil Station, Budruck, ...	No report received.	
	Mozuffer Hossain, ...	3rd Nov. 1841,	9th Light Cavalry, Muttra,	Good.	
	Jellail Ooddeen, ...	3rd Nov. 1841,	24th Regt. N. I., Goruckpore, ...	Good.	
10	Shaikh Mungloo, ...	3rd Nov. 1841,	5th Regt. N. I., Govindgurh,	No report received.	
	Oohin Sing, ...	20th June 1842,	4th Light Cavalry, Woozerabad, ...	Good.	
	Kundy Sing, ...	20th June 1842,	Mofussil Station, Mungledye, ...	Attentive.	
	Summon Khan, ...	20th June 1842,	1st Regt. Irregular Cavalry, Lahore, ...	Good.	

	Hingun, 2nd,	20th June 1842,	8th Regt. Irregular Cavalry, Sultanpore,	Good.	
15	Meer Causseem Alli,	20th June 1842,	28th Regt. N. I., Peshawur,	Good.	
	Colly Persaud,	20th June 1842,	31st Regt. N. I., Jullunder,	Good.	
	Golam Rajah,	20th June 1842,	52nd Regt. N. I., Ferozepore,	Excellent.	
	Meer Golam Shaw,	20th June 1842,	Political Agency, Jeypore,	Good.	
	Ghassy Khan,	20th June 1842,	Jail Hospital, Saugor,	Very good.	
20	Mirza Baker Hossain,	20th Jan. 1842,	2nd Regt. Light Cavalry, Umballa,	Very good.	
	Oaheed Alli,	20th Jan. 1842,	37th Regt. N. I., Jhelum,	Good.	
	Abdool Wahid,	20th Jan. 1842,	5th Regt. N. I., Lahore,	Good.	
	Shaikh Elahee Bux,	22nd Dec. 1842,	Sylhet Light Infantry Battalion,	Satisfactory.	
	Hedyat Oollah,	22nd Dec. 1842,	45th Regt N. I., Punjaub,	No report received.	
25	Hingun, 1st,	22nd Dec. 1842,	Sylhet Light Infantry Battalion,	Satisfactory.	
	Shaikh Abdoollah,	22nd Dec. 1842,	Ramghur Light Infantry Battalion, Doorundah,	Good.	
	Seetul Sing,	9th June 1843,	2nd Assam Light Infantry Battalion, Gowahatty,	....	On sick leave.
	Essory Lall,	9th June 1843,	Jail Hospital, Nursingpore,	....	On sick leave from 15th August for 1 year, granted by the Commissioner.
	Gunsam Sing,	9th June 1843,	70th Regt. N. I., Umballa,	Good.	
30	Khandain Hossain,	9th June 1843,	Civil Station, Purneah,	Good.	
	Bissessor Sing,	9th June 1343,	Civil Station, Bauliah,	Efficient.	
	Sahebdad Khan,	9th June 1843,	56th Regt. N. I., Umballa,	Good.	
33	Mendhy Khan,	9th June 1843,	2nd Regt. Grenadiers N. I., Rawul Pindee,	No report received.	

Number.	Names.	Date of Rank.	Corps and Stations to which attached.	Character and Qualifications.	Remarks.
34	Jhoomuck Loll, ...	8th Sept. 1843,	Civil Station, Sarun, ...	Good.	
35	Oozeer Khan, ...	8th Sept. 1843,	Buhurie Dispensary, ...	No report received.	
	Bhowanie Sing, ...	8th Sept. 1843,	1st Regt. Seik Local Infantry, Hosiarpore, ...	Good.	
	Hedyat Alli Khan, ...	14th June 1844,	Commissioner's Establishment, Gowahatty, ...	Very good.	
	Ramdhone, ...	14th June 1844,	64th Regt. N. I., ...	Intelligent and active, ...	
	Meer Akbur Alli, ...	14th June 1844,	Ex-Ameers of Scinde, Hazareebaugh, ...	No report received.	
40	Hossain Bux, ...	14th June 1844,	Civil Station, Maunbhoom,	....	On leave for 7 months, from 1st June 1850.
	Mirza Hossain Bux, ...	14th June 1844,	58th Regt. N. I., Hoshiarpore,	Good.	
	Meer Rujub Alli, ...	14th June 1844,	Jail Hospital, Mymensing,...	Satisfactory.	
	Meer Alli Bux, ...	14th June 1844,	15th Regt. N. I.,................	Fair.	
	Moshaeb Alli, ...	14th June 1844,	3rd Regt. N. I., Jhelum, ...	Good.	
45	Shaikh Yar Alli,...	28th March 1845,	74th Regt. N. I., Camp, Gontumpore, ...	Good.	
	Luchmun Sing, 2nd, ...	28th March 1845,	8th Battalion Arty., Cawnpore, ...	Good and attentive.	
	Shaikh Mataboodeen,......	28th March 1845,	2nd Regt. Seik Local Infantry, Kangra, ...	Very good.	
	Shaikh Mea Jan, ...	28th March 1845,	4th Company 6th Battalion Artillery, Peshawur, ...	Good.	

	Shaikh Emam Alli, ...	28th March 1845,	13th Regt. N. I., Delhi, ...	Steady, attentive and well qualified.	
50	Shaikh Ilahee Bux, 1st, ...	28th March 1845,	60th Regt. N. I., Banda, ...	Good.	
	Doorga Churn Lall, ...	28th March 1845,	13th Regt. Irregular Cavalry, Mokenon,...........	Satisfactory.	
	Shaikh Hossain Alli, ...	28th March 1845,	Under Captain Hill, Trigonometrical Survey, ...	No report received.	
	Shaikh Khoda Buksh,......	28th March 1845,	12th Regt. N. I., Mooltan,...	Good.	
	Punna Lall, ...	28th March 1845,	Civil Station, Doorundah, ...	Good and efficient.	
55	Ulleef Khan, ...	28th March 1845,	Arracan Local Battalion, Akyab,................	Good.	
	Ramsahae Lall, ...	28th March 1845,	48th Regt. N. I., Cawnpore,	Very satisfactory.	
	Moohummud Khan, ...	28th March 1845,	Civil Station, Hazareebaugh,	Good and efficient.	
	Warris Alli, ...	23rd Jan. 1846,	Corps of Sappers and Pioneers, ...	Good.	
	Ushruf Alli Khan, ...	23rd Jan. 1846,	16th Irregular Cavalry, Rawul Pindee,............. ...	....	On leave of absence for 9 months.
60	Shaikh Abdoolla, ...	23rd Jan. 1846,	Hurrianah Light Infantry, Hansi, ...	Good.	
	Meer Akbur Alli, ...	23rd Jan. 1846,	4th Seikh Local Infantry, Loodianah, ...	Satisfactory.	
	Syud Moohummud Wahud Ushruff, ...	23rd Jan. 1846,	4th and 7th Companies Pioneers, Sealkote, ...	Good.	
	Wuzeer Khan, 1st,... ...	23rd Jan. 1846,	6th Regt. Light Cavalry, Meerut, ...	Good, well qualified.	
	Khosal Ram, ...	23rd Jan. 1846,	Jail Hospital, Agra, ...	Satisfactory.	
65	Meer Bundah Alli, ...	23rd Jan. 1846,	Jail Hospital, Futtyghur, ...	Good.	
	Shaikh Lall Moohummud,	23rd Jan. 1846,	Residency, Katmandoo,......	Good.	
	Wuzeer Khan, 2nd, ...	23rd Jan. 1846,	19th Regt. N. I., Boodi Pind,	Good.	
68	Shaikh Ruheem Buksh, ...	23rd Jan. 1846,	11th Irregular Cavalry, Hansi,	Good.	

Number.	Names.	Date of Rank.	Corps and Stations to which attached.	Character and Qualifications.	Remarks.
69	Choonee Lall, ...	23rd Jan. 1846,	14th Regt. Irregular Cavalry, Hoshiarpore, ...	Inferior.	
70	Shaikh Souban Alli, ...	23rd Jan. 1846,	10th Regt. N. I., Allahabad,	Good.	
	Shaikh Nubbee Buksh, ...	23rd Jan. 1846,	Convalescent Depôt, Simla,	Good.	
	Shaikh Emam Alli, ...	23rd Jan. 1846,	Civil Station and Jail Hospital, Hoshiarpore,.........	Good.	
	Abdool Summud, ...	23rd Jan. 1846,	18th Regt. N. I., Ferozepore,	Good.	
	Hingun Khan, ...	23rd Jan. 1846,	1st Regt. N. I., Jullunder,...	Good.	
75	Babu Ram, ...	23rd Jan. 1846,	Governor General's Body Guard,.............	....	Marched with his Regiment to Meerut.
	Luchmun Singh, ...	23rd Jan. 1846,	3rd Company 7th Battalion Artillery, Meerut, ...	Good.	
	Shaikh Alli Bux, 1st, ..	23rd Jan. 1846,	Unknown,........................	No report received.	
	Fyzoollah Khan,...	23rd Jan. 1846,	5th Punjaub Cavalry, Dera Ishmael Khan, ...	Good.	
	Shaikh Faqueer Moohummud, ...	23rd Jan. 1846,	34th Regt. N. I., Wuzeerabad, ...	Attentive and useful.	
80	Wuzeer Alli Khan, 3rd,...	23rd Jan. 1846,	37th Regt. N. I., Jhelum, ...	Good.	
	Meerza Nourez Beg, ...	23rd Jan. 1846,	72nd Regt. N. I., Bareilly,...	Tolerable.	
	Meer Hyder Alli, ...	30th Jan. 1846,	64th Regt. N. I., ...	....	On Medical Certificate for 6 months, from 20th September 1850.

	Shaikh Alli Moohummud,	9th April 1847,	23rd Regt. N. I., Peshawur,	Good.	
	Sunt Persaud Sing,... ...	9th April 1847,	Detachment Kemaon Local Battalion, Lohooghaut, ...	Satisfactory.	
85	Samut Oollah, ...	9th April 1847,	4th and 3rd Brigade Horse Artillery, Camp Agra, ...	Satisfactory.	
	Ushruff Alli Khan,... ...	9th April 1847,	Station Nynee Tal, ...	Good.	
	Mirza Ramzan Alli, ...	9th April 1847,	Station Hospital, Umballa,	Good.	
	Ameer Khan, ...	9th April 1847,	Station Hospital, Dugshai,	No report received.	
	Meer Enayut Alli, ...	9th April 1847,	Civil Station, Patna, ...	Very good.	
90	Pursun Lall, ...	9th April 1847,	Nusseeree Battalion, Tutay,	Satisfactory.	
	Shaikh Alli Bux,...	9th April 1847,	50th Regt. N. I., Delhie, ...	Moderate.	
	Meer Enayut Hossain, ...	9th April 1847,	7th Regt. N. I., Loodiana,...	Very good.	
	Shaikh Moohummud Hossain, ...	9th April 1847,	2nd Regt. Irregular Cavalry, Peshawur, ...	Good.	
	Shaikh Kurrim Udin, ...	9th April 1847,	2nd Regt. Seik Local Infantry, Durmsala, ...	Very good.	
95	Sheikh Mashoom, ...	9th April 1847,	16th Regt. N. I., Benares,...	Good.	
	Shaikh Kulleem Oollah,...	9th April 1847,	39th Regt N. I., Lahore, ...	Good.	
	Shaikh Kurreem Bux, ...	9th April 1847,	1st Company 7th Battalion Artillery, Garrison of Attock, ...	Good.	
	Shaikh Emam Alli,... ...	9th April 1847,	Native Garrison Hospital, Chunar, ...	Good.	
	Wuzeer Alli Khan,... ...	9th April 1847,	Jail Hospital, Mundlaisir,	Intelligent and active.	
100	Lalla Ramdyal, ...	9th April 1847,	40th Regt. N. I., Allahabad,	Good.	
	Shaikh Abdool Ajuz, ...	9th April 1847,	Civil Station, Jessore, ...	Qualification very good, conduct not uniformly steady.	
	Shaikh Kurreem Bux, 2nd,	14th April 1848,	67th Regt. N. I., Dinapore,	Good.	
103	Mirza Moohummud Jaun,	14th April 1848,	Station Mussoorie, ...	Steady and attentive.	

Number.	Names.	Date of Rank.	Corps and Stations to which attached.	Character and Qualifications.	Remarks.
104	Meer Hedyut Alli, ...	14th April 1848,	47th Regt. N. I., Cawnpore,	Good.	
105	Shaikh Elahee Bux, 1st,...	14th April 1848,	Regt. of Loodianah, Lucknow,	Good.	
	Shaikh Kurreem Bux, 1st,	14th April 1848,	9th Regt. N. I., Lahore, ...	Conduct indifferent, qualifications good.	
	Shaikh Shair Alli, ...	14th April 1848,	65th Regt. N. I., Lahore, ...	Good.	
	Fyzoolla Khan, ...	14th April 1848,	8th Regt. Light Cavalry, Ferozepore, ...	Good.	
	Emdad Hossein, ...	14th April 1848,	Harowtee Political Agency,	No report received.	
110	Myboob Khan, ...	14th April 1848,	Station Hospital, Benares,...	Good.	
	Abdool Hossein, ...	14th April 1848,	Civil Station, Darjeeling, ...	Good.	
	Syud Abdool Onahub, ...	14th April 1848,	61st Regt. N. I., Lucknow,	Excellent.	
	Shaikh Mungloo,...	14th April 1848,	35th Light Infantry, Lucknow,.........................	Careless.	
	Khajah Hingun, ...	14th April 1848,	....	....	Dismissed from the Service by sentence of a Court Martial G. O. C. C., 27th August 1850.
115	Abdoola Khan, ...	14th April 1848,	Light Wing 55th Regt. N. I., Jhansee,..................	Fair, good.	
	Saduck Alli Khan,... ...	14th April 1848,	Shapoora (Saugor,)	Careless.	
	Moohummud Ufzar, ...	14th April 1848,	40th Regt. N. I., Allahabad,	Good.	

	Shaikh Sahadut, ...	14th April 1848,	1st Troop 1st Brigade Horse Artillery, Wuzeerabad, ...	No report received.
	Bakur Khan, ...	14th April 1848,	2nd Company 7th Battalion Artillery, Camp, ...	Good.
120	Jahur Ul Huq, ...	14th April 1848,	13th Irregular Cavalry, Mackerain, ...	Satisfactory.
	Khoseal Ram, ...	14th April 1848,	Nusseeree Battalion, Tutay,	Satisfactory.
	Mirza Kudrut Alli,... ...	14th April 1848,	Civil Station and Jail at Kangra, ...	Conduct dilatory, qualifications good.
	Ruhumuth Alli, ...	14th April 1848,	3rd Irregular Cavalry, Bareilly, ...	Conduct far from respectable, qualifications indifferent.
	Shaikh Abdul Onahub, ...	14th April 1848,	Sudder Hospital, Akyab, ...	Good.
125	Luthfoola Khan, ...	14th April 1848,	33rd Regt. N. I., Benares,...	Tolerable.
	Dyah Sing, ...	7th April 1849,	Detachment 2nd Assam Light Infantry Battalion, Gowalpara, ...	Very good.
	Nujux Alli, ...	7th April 1849,	Bhopal Contingent, Sehore (Saugor,)	Good and intelligent.
	Romee Khan, ...	7th April 1849,	With the Establishment of the Great Trigonometrical Survey,.................	No report received.
	Shaikh Ramzan Alli, 3rd,	7th April 1849,	Civil Station, Kyook Phyoo,	Good and mediocre.
130	Nusseeb Khan, ...	7th April 1849,	38th Regt. N. I., Barrackpore, ...	Good, rather inexperienced.
	Shaikh Jaun Alli, ...	7th April 1849,	48th Regt. N. I., Cawnpore,	Satisfactory.

Number.	Names.	Date of Rank.	Corps and Stations to which attached.	Character and Qualifications.	Remarks.
132	Sadoolla Khan, ...	7th April 1849,	27th Regt. N. I., Benares, .	....	Directed to proceed and do duty under the Superintending Surgeon, Jullunder.
	Ukbur Alli, ...	7th April 1849,	Jail Hospital, Tezpore, ...	Attentive.	
	Mungul Sing, ...	7th April 1849,	Detachment 2nd Assam Light Infantry Battalion, Gowahatty,..................	Good and ordinary.	
135	Shaikh Atta Hossein, ...	7th April 1849,	16th Regt. N. I., Benares,...	Good.	
	Meer Jafur Alli,...	7th April 1849,	69th Regt. N. I., Agra, ...	Good.	
	Shaikh Ramzan Alli, 1st,	7th April 1849,	Govt. Deccan Road, Jubbulpore, ...	Middling.	
	Shaikh Alli Oollah, ...	7th April 1849,	Joudpore Legion, Erinpoora, ...	Conduct good, qualifications indifferent.	
	Shaikh Ramzan Alli, 2nd,	7th April 1849,	41st Regt. N. I., Mooltan,...	Good.	
140	Meer Keramuth Alli, ...	7th April 1849,	Sappers and Pioneers, the Hills, ...	No report received.	
	Dursun Loll, ...	7th April 1849,	Civil Station, Kishnaghur,...	Very good.	
	Mirza Rajah Alli Beg, ...	7th April 1849,	Civil Station, Shaikpoora,...	No report received.	
	Syed Unwar Alli, ...	7th April 1849,	Joudpore Legion, Erinpoora,	Good.	
	Shaikh Kurreem Bux, ...	7th April 1849,	Regt. of Loodianah, Lucknow,	Good.	
145	Kadum Alli Khan, ...	7th April 1849,	30th Regt. N. I., Allyghur,	Good.	

146	Meer Ahmud Alli, ...	7th April 1849,	5th Company 7th Battalion Artillery, Jhelum,.........	Good and attentive.	
	Emdad Khan, ...	7th April 1849,	45th Regt. N. I., Bareilly,	Conduct good, qualifications moderate.	
	Meer Zoolficar Alli, ...	7th April 1849,	68th Regt. N. I., Cawnpore,	Good.	
	Syud Emam Alli, ...	7th April 1849,	Hurrianah Light Infantry Battalion, Hansie,.........	Good.	
150	Shaikh Rohim Bux, ...	7th April 1849,	11th Irregular Cavalry, Hansie, ...	Good.	
	Abdool Gufoor, ...	7th April 1849,	Horainpore Dispensary, Punjaub, ...	....	Dismissed from the Service, *vide* Secretary Sir H. M. Elliot's letter, dated 11th May 1850.
	Moohummud Hossein Khan, ...	7th April 1849,	Jail and Civil Station, Lahore, ...	No report received.	
	Bhikoo Sing, ...	7th April 1849,	6th Regt. N. I., Agra, ...	Good.	
	Shaikh Alfooddin, ...	7th April 1849,	Civil Station Ballata, ...	Good and intelligent.	
155	Emam Bux, ...	7th April 1849,	33rd Regt. N. I., ...	....	Died 20th July 1849 at Neemuch.
	Goury Sunkur, ...	7th April 1849,	Civil Station and Jail at Jullunder, ...	Good.	
	Bhowanideen Tewary, ...	31st Oct. 1849,	Guide Corps, Bunnoo, ...	Good.	
	Madary Sing, ...	31st Oct. 1849,	28th Regt. N. I., Peshawur,	Good.	
	Ahmud Yar Khan,... ...	31st Oct. 1849,	4th Regt. Peshawur Irregular Cavalry, Lahore,......	Good.	

Number.	Names.	Date of Rank.	Corps and Stations to which attached.	Character and Qualifications.	Remarks.
160	Kadar Buksh Khan, ...	31st Oct. 1849,	1st Punjaub Cavalry, Peshawur, ...	Good.	
	Mirza Hingun,...	31st Oct. 1849,	Civil Station and Jail, Rawul Pindee, ...	Good.	
	Shaikh Usgur Alli, ...	31st Oct. 1849,	2nd Punjaub Cavalry, Easefgie, ...	Good.	
	Shaikh Nubce Bux, ...	31st Oct. 1849,	Civil Station and Jail at Umritsur, ...	Good.	
	Choonee Lall, ...	31st Oct. 1849,	Civil Station, Jhung, ...	Good and attentive.	
165	Meer Dedar Buksh, ...	31st Oct. 1849,	Civil Station, Bunnoo, ...	No report received.	
	Shaikh Moohummud Buksh,...	31st Oct. 1849,	Civil Station, Hazarec, ...	Good.	
	Shaikh Kymoodeen, ...	31st Oct. 1849,	4th Punjaub Cavalry, Dera Ghazec Khan, ...	Good, qualifications moderate.	
	Meer Hyder Allee,... ...	31st Oct. 1849,	Civil Station, Puk Puttun,...	Fair.	
	Shaikh Abdool Wahab, ...	31st Oct, 1849,	Civil Station and Jail at Umritsur, ...	Good.	
170	Prem Chand, ...	31st Oct. 1849,	5th Punjaub Cavalry, Dera Ishmael Khan, ...	Good.	
	Sewra Khan Dobey, ...	31st Oct. 1849,	2nd Punjaub Infantry, Kohat,	Good.	
	Shaikh Fukeeroodeen, ...	31st Oct. 1849,	Civil Station, Dera Ishmael Khan, ...	No report received.	
	Sobhan Khan,...	31st Oct. 1849,	Civil Station, Mooltan, ...	No report received.	
	Shaikh Fyzoollah, ...	31st Oct. 1849,	Civil Station, Leia, ...	Good and attentive.	
175	Shaikh Golam Gouse, ...	31st Oct. 1849,	1st Punjaub Infantry, Kohat,	Good.	

176	Ameer Hossein, ...	31st Oct. 1849,	5th Punjaub Infantry, Dera Ghazee Khan, ...	No report received.	Directed to do duty with 3rd and 4th Companies of the 9th Battalion Artillery, D. O. 31st October. Proceeded to the Upper Provinces.
	Shaikh Oozeer Alli, ...	31st Oct. 1849,	3rd Punjaub Infantry, Hussain Abdool, ...	Good.	
	Shaikh Subratee, ...	10th April 1850,	9th Battalion Artillery, ...	....	
	Shaikh Alli Bux, ...	10th April 1850,	Civil Station, Jessore, ...	Good.	
180	Shaikh Nooruddeen, ...	10th April 1850,	54th Regiment N. I., Barrackpore,....................	Good.	
	Shaikh Junglee, ...	10th April 1850,	Civil Station, Maunbhoom,...	Good.	
	Shaikh Suffer Alli, ...	10th April 1850,	3rd Brigade Horse Artillery,	Good.	
	Hormuth Khan, ...	10th April 1850,	57th Regt. N. I., Lahore,...	Good.	
	Nizamoodeen, ...	10th April 1850,	Detachment 2nd Assam Light Infantry Battalion, Nowgong, ...	Good.	
185	Gungapersaud, ...	10th April 1850,	Jail Hospital, Gowalparah,	Good and well qualified.	
	Shaikh Rujub Alli, ...	10th April 1850,	Jail Hospital, Debrooghur,	Good.	
	Ahmud Khan, 1st, ...	10th April 1850,	27th Regt. N. I., Benares,...	....	Proceeded to join their appointment at Jullunder, G. O. C. C., 7th November 1850.
	Sadoolla Khan, ...	10th April 1850,	27th Regt. N. I., Benares,...	....	
	Ahmud Khan, 2nd,... ...	10th April 1850,	33rd Regt. N. I., Benares,...	....	
190	Nowab Khan, ...	10th April 1850,	33rd Regt. N. I., Benares,...	Good, tolerable.	

J. Forsyth, *Senior Surgeon,*
Secy., Medical Board.

Appendix C. No. I.

FEMALE HOSPITAL LYING-IN WARD.

The number of cases admitted from the 15*th of March* 1850 *to* 15*th of March* 1851 *is* 86.

Admitted.	Delivered Naturally.	Delivered by Version.	Boys Living.	Girls Living.	Still-born.		Death of Children.		Operations.		Deaths of the Mother.	Recovered.
					Boys.	Girls.	Boys.	Girls.	Craniotomy.	Forceps.		
86	69	5	36	27	5	3	7	0	2	2	4	74

Medical College, 29*th March* 1851.

E. Goodeve, *Offg. Secretary.*

Appendix C. No. II.

List of Students for Final Examination in the Medical College, Session 1850-51.

Number.	Names.	Age.	Caste.	Date of Admission.	No. of times absent since their admission.	Remarks.
1	Dinonath Doss, ...	27	Barber, ...	July 1846,	12 days,	Clinical Clerk 6 months, and Dresser 4 months, gained 2 Gold Medals, and Goodeve Scholarships and 6 Certificates of Honor.
2	Moohummud Jaun,	23	Moohummudan,	15th June 1846,	None,...	Clinical Clerk 5½ months, and Dresser 6 months, gained 1 Silver and 1 Gold Medals, and 8 Certificates of Honor.
3	J. Hinder, ...	19	Christian,...	15th June 1846,	20 days,	Clinical Clerk 8 months, and Dresser 6 months, gained 3 Gold Medals and 4 Certificates of Honor.
4	Omes Chunder Mitter, ...	23	Koysto, ...	1st Mar. 1845,	9 days,	Clinical Clerk 6 months, Dresser 6 months, and Midwifery 7 months, gained 2 Certificates of Honor.
5	Ameenoodeen,... ...	23	Moohummudan,	15th June 1846,	None,...	Clinical Clerk 6½ months, Dresser 6 months, gained Clinical prize and 4 Certificates of Honor.
6	Bissonath Goopta, ...	23	Boido, ...	17th Mar. 1845,	66 days,	Clinical Clerk 9 months, Dresser 6 months, and Midwifery 5 months.
7	Grees Chunder Paulit, ...	24	Koysto, ...	17th Mar. 1845,	35 days,	Clinical Clerk 6 months, Dresser 6 months, and Midwifery 9 months.
8	Kony Lall Sen, ...	21	Koysto, ...	20th June 1845,	42 days,	Clinical Clerk 8 months, Dresser 5 months, and Midwifery 9 months.
9	D. Renton, ...	22	Christian,...	July 1846,	20 days,	Clinical Clerk 11 months, and Dresser 6 months.

Medical College, 17*th March* 1851.

E. Goodeve, *Offg. Secretary.*

Appendix C. No. III.

Result of the Final Examination of the Students of the Medical College, Session 1850-51.

Number.	Names.	Written Examination.	Practical Surgery.	Medicine.	Surgery.	Midwifery.	Medical Jurisprudence.	Remarks.
1	Dinnonath Doss,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified.
2	Moohummud Jaun,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified.
3	J. Hinder,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified.
4	Omes Chunder Mitter,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified.
5	Ameenoodeen,	Qualified,	Qualified,	Not qualified,	Qualified,	Qualified,	Qualified,	Not qualified.
6	Bissonath Goopta,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified.
7	Grees Chunder Paulit,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified.
8	Kony Lall Sen,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified.
9	D. Renton,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified,	Qualified.

E. Goodeve,
Offg. Secretary.

Medical College, *April* 1851.

Appendix C. No. IV.

List of Final Students of the Military Class for Diploma Examination in the Medical College, Session 1850-51.

Number.	Names.	Date of Admission.	Number of times absent, &c., during the year.				Duties performed by them as Dressers.			General Character.	Remarks.
			Absent.	Sick.	Leave.	Total.	Male Hosptl.		Out-Door Dispy.		
							Mths.	Female Hosptl.	Mths.		
1	Foyjab Khan, ...	June 1848,	0	0	0	0	9	0	3	Excellent.	
2	Motee Misser, ...	April 1848,	0	3	0	3	2	0	17	Good.	
3	Kumtadeen, ...	April 1848,	3	0	0	3	2	2	15	Good.	
4	Abdoolla Khan, 1st, ...	April 1848,	3	15	0	18	10	2	4	Fair.	
5	Abdool Rohman Khan, 1st,	April 1848,	3	0	0	3	4	4	2	Good.	
6	Abdool Rohman Khan, 2nd,	April 1848,	4	5	0	9	18	2	2	Good.	
7	Ghunsam Pautuck,... ...	April 1848,	4	3	0	7	5	2	3	Good.	
8	Mottee Lall, ...	July 1848,	0	4	0	4	4	14	3	Very good.	
9	Mowla Bux, ...	June 1848,	0	4	0	4	4	14	2	Very good.	
10	Tossodokhe Hossain, ...	April 1848,	9	0	0	9	4	4	4	Good.	
11	Ameer Khan, 1st, ...	April 1848,	1	2	0	3	4	4	4	Good.	
12	Shaik Futta Moohummud,	April 1848,	16	1	0	17	4	4	2	Good.	
13	Mirza Jafur Alli,...	April 1848,	9	4	0	13	6	2	6	Fair.	
14	Shaik Ozeer Bux, ...	April 1848,	5	0	0	5	4	4	3	Fair.	

Number.	Names.	Date of Admission.	Number of times absent, &c., during the year.				Duties performed by them as Dressers.			General Character.	Remarks.
			Absent.	Sick.	Leave.	Total.	Male Hosptl.		Out-Door Dispy.		
							Mths.	Female Hosptl.	Mths.		
15	Shaik Ellahee Bux, 1st,...	May 1848,	14	4	0	18	4	2	2	Fair.	
16	Moohummud Zameer, ...	April 1848,	2	58	0	60	2	2	4	Fair.	
17	Shaik Rohim Bux, ...	April 1848,	5	2	0	7	6	2	2	Fair.	
18	Rujub Khan,..	April 1848,	0	0	0	0	5	2	2	Good.	
19	Brijobhokhun Patuck, ...	April 1848,	0	3	0	3	4	4	4	Very good.	
20	Shaik Abdoolla, 1st, ...	April 1848,	17	5	0	22	4	2	2	Fair.	
21	Meer Hada Alli, ...	June 1849,	0	0	0	0	4	8	3	Very good.	
22	Jusodanund,...	June 1849,	0	0	0	0	4	2	3	Excellent.	
23	Siddessur Sing Assamese,	....	4	0	0	4	2	2	2	Fair.	
24	Moohummud Osman Assamese, ...	....	5	0	0	5	6	4	2	Not satisfactory.	
25	Meer Ruhuth Alli, ...	April 1847,	0	0	0	0	4	2	7	Fair.	
26	Kallee Churn Panday, ...	April 1848,	0	0	0	0	2	2	15	Fair.	
27	Hubeeb Olla, ...	July 1849,	0	0	0	0	2	2	3	Fair.	
28	Meer Emam Alli, ...	July 1849,	5	0	0	5	5	0	3	Good.	
29	Shaik Afzul Hossain,......	July 1849,	4	0	0	4	2	2	1	Excellent.	

Medical College, the 25th February 1851.

E. Goodeve, *Officiating Secretary.*

Appendix C. No. V.

List of Students for 1st Pass or Diploma Examination in the Medical College, Session 1850-51.

Number.	Names.	Age.	Caste.	Date of Admission.	Number of times absent since their admission.	Remarks.
1	Omes Chunder Mitter, 5th year,	23	Koysto,	1st March 1845,	9 days, ...	Clinical Clerk 6 months and Dresser 6 months, Midwifery 7 months, gained 2 Certificates of Honor.
2	Ameenoodeen,	23	Moohummudan,	15th June 1846,	None,	Clinical Clerk 6½ months, Dresser 6 months, gained Clinical prize and 4 Certificates.
3	Bissonath Goopta,	23	Boido,	17th March 1845,	66 days, ...	Clinical Clerk 9 months, Dresser 6 months, Midwifery 5 months.
4	Grees Chunder Paulit,	24	Koysto,	17th March 1845,	35 days, ...	Clinical Clerk 6 months, Dresser 6 months, Midwifery 9 months.
5	Konny Loll Sen,	21	Boido,	20th June 1845,	42 days, ...	Clinical Clerk 8 months, Dresser 5 months, Midwifery 9 months.
6	D. Renton,	22	Christian,	July 1846,	20 days, ...	Clinical Clerk 11 months, Dresser 6 months

Number.	Names.	Age.	Caste.	Date of Admission.	Number of times absent since their admission.	Remarks.
7	M. M. Gasper, ...	21	Christian, ...	July 1846,	67 days, ...	Clinical Clerk months, Dresser, gained 1 Certificate of Honor.
8	Abdool Hameed 1st, 4th year,	23	Moohummudan,	15th Dec. 1846,	16 days, ...	Clinical Clerk 6 months, Dresser, gained 1 Certificate of Honor.
9	Hossain Alli Khan,...	24	Moohummudan,	1st May 1847,	27 days, ...	Clinical Clerk 2 months, Dresser, gained 1 Certificate.
10	Gopaul Chunder Patuck, ...	23	Brahmin, ...	1st May 1847,	9 days,	
11	W. E. Hannah, ...	21	Christian, ...	1st May 1847,	15 days, ...	Clinical Clerk 6 months, Dresser.
12	A. J. Meyer, ...	21	Christian, ...	1st May 1847,	15 days, ...	Clinical Clerk 7 months, Dresser, gained 1 Certificate.
13	D. O'Brien, ...	20	Christian, ...	Nov. 1847,	21 days, ...	Clinical Clerk 5 months, Dresser, gained 1 Certificate.
14	Hurris Chunder Dutt, 3rd year,	23	Koysto,..	June 1848,	7 days.	
15	Behary Loll Ghose, ...	21	Koysto,............	June 1848,	21 days.	
16	Koylas Chunder Chatterjee, ...	21	Brahmin, ...	June 1848,	8 days.	
17	Juggernath Sen,...	23	Boido, ...	June 1848,	4 days.	
18	Ram Chunder Sen,...	21	Boido, ...	June 1848,	8 days.	
19	Chundernath Bisses, ...	20	Barber,............	June 1848,	7 days.	
20	Brijonath Sircar, ...	23	Koysto,........ ...	June 1848,	26 days.	

Number.	Names.	Age.	Caste.	Date of Admission.	Number of times absent since their admission.	Remarks.
21	Judoonath Doss,...	22	Koybutto, ...	June 1848,	39 days.	
22	Dhuronee Dhur Bose, ...	23	Koybutto, ...	June 1848,	1 day.	
23	Nilmadhub Sen, ...	19	Boido, ...	June 1848,	1 day.	
24	Sreenath Sen, ...	22	Boido, ...	June 1848,	18 days.	
25	Dhurmodoss Mookerjee, ...	20	Brahmin, ...	June 1848,	32 days.	
26	C. Foy, ...	20	Christian, ...	June 1848,	7 days.	
27	Radhapersaud Sett, ...	20	Weaver, ...	June 1848,	13 days.	
28	Grees Chunder Dutt, ...	21	Koysto,...........	June 1848,	16 days.	
29	Doorgadoss Kerr, ...	21	Koysto,...........	June 1848,	29 days.	
30	A. G. Merrit, ...	18	Christian,.........	June 1850,	none.	

E. GOODEVE,
Officiating Secretary.

Medical College, March 1851.

Appendix C. No. VI.

Result of the Final Examination of Students of the Military Class of the Medical College, Session 1850-51.

Number.	Names.	SUBJECT OF EXAMINATION.				Remarks.
		Anatomy.	Surgery, Practical and Oral.	Medicine.	Materia Medica and Chemistry.	
1	Foyzab Khan, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	Passed.
2	Motee Misser, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	
3	Kumtadeen, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	
4	Abdoolla Khan, 1st, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	
5	Abdool Rohman Khan, 1st, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	
6	Abdool Rohman Khan, 2nd, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	
7	Ghunsam Puntuek, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	
8	Motee Lall, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	
9	Mowla Buksh, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	
10	Tussodokhee Hussain,...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ..	
11	Ameer Khan, 1st, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	
12	Shaik Futta Moohummud,... ...	Not qualified,	Not qualified,	Not qualified,	Not qualified,	Remanded.
13	Mirza Jafur Alli, ...	Qualified, ...	Imperfect, ...	Imperfect, ...	Imperfect, ...	
14	Shaik Ozeer Buksh, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	Passed.
15	Shaik Elahee Buksh, 1st, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	
16	Moohummud Zumeer,...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	
17	Shaik Rohim Buksh, 1st, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	

Number.	Names.	Subject of Examination.				Remarks.
		Anatomy.	Surgery, Practical and Oral.	Medicine.	Materia Medica and Chemistry.	
18	Rujub Khan,	Qualified,	Qualified,	Qualified,	Qualified,	Passed.
19	Brijobhookhun Pautuck,	Qualified,	Qualified,	Qualified,	Qualified,	
20	Shaik Abdoolla, 1st,	Qualified,	Qualified,	Qualified,	Qualified,	
21	Meer Haday Alli,	Qualified,	Qualified,	Qualified,	Qualified,	
22	Jussodanund,	Qualified,	Qualified,	Qualified,	Qualified,	
23	Siddessor Singh Assamese,	Qualified,	Qualified,	Qualified,	Qualified,	
24	Moohummud Osman Assamese,	Qualified,	Qualified,	Qualified,	Qualified,	
25	Meer Ruhuth Alli,	Qualified,	Qualified,	Qualified,	Qualified,	
26	Kallee Churn Punday,	Qualified,	Qualified,	Qualified,	Qualified,	
27	Hubeet Oollah,	Qualified,	Qualified,	Qualified,	Qualified,	
28	Meer Emam Alli,	Not qualified,	Not qualified,	Not qualified,	Not qualified,	Remanded.
29	Shaik Afzul Hossain,	Qualified,	Qualified,	Qualified,	Qualified,	Passed.

E. Goodeve,
Officiating Secretary.

Medical College, 25th March 1851.

Appendix C. No. VII.

Result of the 1st *Pass or Diploma Examination of Students of the Medical College, Session* 1850-51.

Number.	Names.	Subjects of Examination.				Remarks.
		Anatomy and Physiology.	Chemistry.	Botany.	Materia Medica.	
1	Omes Chunder Mitter, 5th year, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	Passed.
2	Ameenoodeen, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	Barely passed.
3	Bissonath Goopta, ...	Qualified, ...	Qualified, ...	Not qualified,	Qualified, ...	Remanded in Botany.
4	Grees Chunder Paulit, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified,	Barely passed in Botany.
5	Konnye Loll Sen, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified,	
6	D. Renton, ...	Qualified, ...	Qualified, ..	Not qualified,	Qualified, ...	Remanded in Botany.
7	M. M. Gasper, ...	Qualified, ...	Qualified, ...	Sick, ...	Qualified, ...	Absent, Sick.
8	Abdool Hameed, 1st, 4th year, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	Passed.
9	Hossain Alli Khan, ...	Absent, ...	Qualified, ...	Qualified, ...	Qualified, ...	Absent.
10	Gopaul Chunder Pautuck,	Qualified, ..	Qualified, ...	Qualified, ...	Qualified, ...	Barely passed in Materia Medica
11	W. E. Hannah, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified,	Barely passed in General Anatomy and Physiology.
12	A. J. Meyer, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified,	Passed.
13	D. O'Brien, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified,	
14	Hurris Chunder Dutt, 3rd year, ...	Sick, ...	Sick, ...	Sick, ...	Sick, ...	Sick.
15	Behary Loll Ghose, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	Passed.

Number.	Names.	Subjects of Examination.				Remarks.
		Anatomy and Physiology.	Chemistry.	Botany.	Materia Medica.	
16	Koylas Chunder Chatterjee, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified,	Barely passed in Descriptive and Surgical Anatomy and Materia Medica.
17	Juggernath Sen, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified,	Passed.
18	Ram Chunder Sen, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified,	
19	Chunder Nath Bisses, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified,	
20	Brijonath Sircar, ...	Absent, ...	Absent, ...	Absent, ...	Absent, ...	Absent.
21	Judoonath Doss, ...	Absent, ...	Absent, ...	Absent, ...	Absent, ...	
22	Dhurronee Dhur Bose,	Passed in Physiology,	Qualified, ...	Qualified, ...	Qualified,	Remanded for one year in Descriptive and Surgical Anatomy. Barely passed in Materia Medica and Botany.
23	Nilmadhub Sen, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	Passed.
24	Sreenath Sen, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified,	Barely passed in Descriptive Anatomy and Physiology.
25	Dhurmodoss Mookerjee, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	Passed.
26	C. Foy, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified,	Barely passed in General Anatomy and Physiology, Descriptive Anatomy and Botany.
27	Radhapersaud Sett, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified, ...	Passed.
28	Grees Chunder Dutt, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified,	Barely passed in General Anatomy and Physiology,
29	Doorgadoss Kerr, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified,	Passed.
30	A. G. Merrit, ...	Qualified, ...	Qualified, ...	Qualified, ...	Qualified,	

Medical College, 15*th March*, 1851.

E. Goodeve, *Officiating Secretary*.

Appendix C. No. VIII.

Scheme of Examinations, Session 1850-51.

FIRST DIPLOMA.	
General Anatomy and Physiology, (Written,)	Monday, 10th March 1851, from 10 A. M. to 1 P. M.
Descriptive and Surgical Anatomy, (Ditto,)	Monday, 10th March 1851, from 2 to 5 P. M.
Practical Anatomy in the Dissecting Room,	Tuesday, 11th March 1851.
Chemistry, (Written,)	Wednesday, 12th March 1851, from 10 A. M. to 1 P. M.
Botany, (Ditto,)	Wednesday, 12th March 1851, from 2 to 5 P. M.
Materia Medica, (Ditto,)	Thursday, 13th March 1851, from 10 A. M. to 1 P. M.
Chemistry and Materia Medica, (Oral,)	Thursday, 13th March 1851, from 2 to 5 P. M.
Botany, (Ditto,)	Friday, 14th March 1851.
SENIOR DIPLOMA.	
Medicine and Surgery, (Written,)	Monday, 17th March 1851.
Practical Examination in Surgery,	Tuesday, 18th March 1851.
Surgery, (Oral,)	Wednesday, 19th March 1851.
Medicine, (Ditto,)	Friday, 21st March 1851.
Widwifery, (Ditto,)	Saturday, 22nd March 1851.
Medical Jurisprudence, (Ditto,)	Tuesday, 25th March 1851.
HONOR AND TEST.	
1 Year Students—Anatomy, (Written Paper,)	Friday, 14th March 1851.
Anatomy and Physiology, (Ditto,)	Monday, 24th March 1851, from 10 A. M. to 1 P. M.
Descriptive and Surgical Anatomy, (Ditto,)	Monday, 24th March 1851, from 2 to 5 P. M.

Chemistry, (Written Paper,)	Tuesday, 25th March 1851.
Botany, (Ditto,)	Wednesday, 26th March 1851.
Midwifery, (Ditto,)	Thursday, 27th March 1851.
Surgery, (Ditto,)	Friday, 28th March 1851.
Medicine, (Ditto,)	Saturday, 29th March 1851.
Materia Medica, (Ditto,)	Monday, 31st March 1851, from 10 A. M. to 1 P. M.
Medical Jurisprudence, (Ditto,)	Monday, 31st March 1851, from 2 to 5 P. M.

HINDUSTANEE CLASS.—FINAL.

Materia Medica, ...	Tuesday, 18th March 1851.
Anatomy, ...	Wednesday, 19th March 1851.
Medicine, ...	Saturday, 22nd March 1851.
Surgery, ...	Monday, 24th March 1851.

GENERAL.

Anatomy, ...	Thursday, 20th March 1851.
Materia Medica, ...	Thursday, 28th March 1851.

E. GOODEVE,
Officiating Secretary.

Medical College, 5th March 1851.

Appendix C. No. IX.

Programme of the Pass or Diploma Examinations of the 5th year Students of the Medical College.

Subjects.	Days and Hours of Examination.	Assessors.	Remarks.
Written Paper on Medicine and Surgery, ...	Monday, 17th March 1851, at 11 A. M.		
Practical Examination in Surgery,...........................	Tuesday, 18th March 1851, ...	Jas. Esdaile, H. Chapman.	
Surgery, (Oral,)	Wednesday, 19th March 1851,	Jas. Esdaile.	
Medicine, (Oral,)	Friday, 21st March 1851, ...	J. Grant, H. Chapman.	
Midwifery,..........................	Saturday, 22nd March 1851,...	A. Chalmers, J. Jackson.	
Medical Jurisprudence, ...	Tuesday, 25th March 1851, ...	F. P. Strong, W. Montgomerie.	

E. Goodeve,
Officiating Secretary.

Medical College, 8th March 1851.

ANSWERS

OF THE

MOST PROFICIENT STUDENTS.

The Answers are reprinted *verbatim* from the MSS. of the students, every error of grammar and fact being retained.

Readers in Europe must remember, that the answers of the native students are not only written in a given time, but also in a foreign language, with which all of them are imperfectly acquainted when they begin the study of medicine; literary excellence, therefore, cannot be expected in them.

Appendix D.

EXAMINATIONS.

QUESTIONS FOR FINAL STUDENTS.

SURGICAL.

State briefly what you understand of the pathology of ulceration and of its ordinary pre-disposing and exciting causes.

Name a few of the varieties of the ulcers and the situations in which they are most commonly met with in practice. Describe in a few words their characteristic appearances, and detail the method of treatment, constitutional and local, recommended in each variety.

Is there any difference between sloughing phagedœna and Hospital gangrene? What are the circumstances or conditions usually considered to favour the production of hospital gangrene? Mention the methods of treatment, constitutional and local, most successful in this form of ulceration.

Were Hospital gangrene to make its appearance in a ward or Hospital under your charge, detail at length the steps you would take to prevent it from spreading and to ensure its eradication.

MEDICAL.

State what you know of Rheumatism; of the species or forms into which it is usually divided; of the tissues or structures understood to be the seats of these forms; and of the pre-disposing and exciting causes of the disease. Give the diagnosis of acute articular Rheumatism.

What is the most formidable complication or metastasis usually met with in practice and is it of frequent occurrence in a tropical climate? What are the symptoms of this metastasis, and are they always early and easily distinguishable?

Detail the constitutional and local treatment of the several forms of the disease, and especially of the kind of metastasis alluded to.

HONOR AND TEST EXAMINATIONS.

PHYSIOLOGY.

1. Trace the fibres of the columns of the spinal cord to their destination in the encephalon.
2. The functions of the medulla oblongata with an account of such experiments as are calculated to elucidate them.
3. Describe the choroid membrane of the eye, annulus albidus, ciliary processes and iris.

DESCRIPTIVE ANATOMY.

1. Describe the limits of the perineal region, and in the order of their appearance, all the parts successively exposed in a dissection down to the prostrate anteriorly, and to the bottom of the ischio-rectal fossa posteriorly.

2. What nerves are found in the orbit, how are they distributed in the orbit?

3. What muscles steady the pelvis and prevent its rolling upon the head of the femur? What are their attachments?

4. Where are the synovial membranes situated, connected with a dorsal vertebra; and what ligaments are found in connection with this vertebra?

BOTANY.

1. Describe the origin and anatomical structure of stipules.

2. What are the principal kinds of estivation in flower buds? and describe them respectively.

3. What are the leading divisions of inflorescence? Name and describe the different kinds.

4. Describe the structural formation of albumen, and state the different kinds.

5. Describe the raphe and chalaza, and explain the relation of the latter to the embryo in the ripe seed.

6. What is the meaning of a species in plants?

7. What is the Calyx, when developed, in the compositæ?

8. What kind of fruit is the Papaya? What is the structural nature of the edible part of an Orange?

9. In what respect do the organs of fructification in the Coniferæ and Cycadeæ differ from the ordinary structure of Dicotyledonous plants?

10. What is the nature of the vitellus of a ripe seed.

CHEMISTRY.

1. State in what particulars consist the essential parts of the construction of the common electrical machine, the theory of the production of electricity by friction, the theory of its accumulation in a coated glass jar, and the general effects which it is capable of producing?

2. Detail the properties of lead, of its oxides, and of its most notable saline compounds, and give its tests?

3. How is quinine prepared, what are its properties and tests?

MATERIA MEDICA.

1. What is ergot of rye? What are the effects of its continued use as an article of food? What is its therapeutual use? How is it administered?

2. What is the mode of preparation of bichloride of mercury? In what diseases is it used? What are the effects of excessive doses.

3. Name the principal constituents of opium? State how morphia is obtained? What are the physiological effects of opium? What is the proportion of opium in each of the pharmacopeal preparations?

4. What changes do the neutral vegetable salts undergo in the system?

SURGERY.

1. What are the symptoms of a fracture of one or more ribs, with penetration of the cavity of the thorax and wound of the lung? How is such a case to be treated?

2. Describe the causes and treatment of fistula in perineo.

3. Describe the different dislocations of the head of the thigh bone. How is a fracture of the neck to be distinguished from a dislocation of the head of this bone?

4. What are the symptoms of inflammation of the iris? How would you treat a case of idiopathic iritis?

5. What are the symptoms of stone in the bladder?

6. How would you treat a wound of the deep palmar arch of arteries.

MIDWIFERY.

First.—What are the constitutional and local peculiarities of the newly-born infant?

Second.—State the facts and arguments in support of the ovular theory of menstruation.

Third.—What are the anatomical peculiarities of the cervix uteri, and what changes does it undergo during pregnancy?

Fourth.—What is the ordinary position of the fœtus in utero? At what period of pregnancy is it assumed, how is it maintained, and what circumstances tend to disturb or derange it?

Fifth.—What are the sources and causes of hemorrhage in placental presentation, and what is the treatment best suited to different cases?

Sixth.—What is the condition of the uterus immediately after a natural delivery, and what changes take place in this organ during the ten following days?

MEDICAL JURISPRUDENCE.

First.—Give the symptoms, treatment, morbid appearances and tests for arsenious acid in the solid and liquid state.

Second.—Explain the manner in which poisons enter the system and give examples.

Third.—What are the chief circumstances to be noticed in cases of death produced by wounds?

Fourth.—Tell me the means you would adopt to distinguish the stains of blood from spots resembling it, on cloth as well as steel.

Fifth.—Give the tests for corrosive sublimate and the carbonate of lead.

Sixth.—The treatment for oxalic acid.

MEDICINE.

Question 1*st.*—What are the essential and contingent elements of cancer? Describe the process of development of cancerous growths? Mention the three ordinarily recognized varieties of cancer? Describe the manner of grouping or arrangement of the elements that compose each variety, and the appearance of the different forms to the naked eye?

2*nd.*—Mention the symptoms, diagnosis and progress of aneurism of the front part of the arch of the aorta.

3*rd.*—What are the symptoms of paralysis of the portio dura and of the 5th pair of nerves. Give the diagnosis between them? What symptoms would indicate that the disease is of cerebral origin or otherwise?

4*th.*—What is the appearance of alkaline urine? What are the forms of alkalinity, and in what diseases are they found? What is the treatment proper to the particular form?

5*th.*—What are the symptoms and signs of the different stages of acute pleurisy, what is its course? Describe the post mortem appearances in fatal cases?

N. B.—It will be sufficient for the students to answer any four of the above questions in medicine.

ANSWERS.

SURGICAL.

FINAL STUDENTS.

Answer.—Before ; the process of ulceration was considered to be exclusively a work of absorbent vessels; but now it is nearly established to be a work of true inflammation, though secondarily the ulceration may be increased by the absorbents to some extent.—To the proof of which may be brought forwards, such as 1. Ulceration never occurs without the true inflammation having occurred first.—2. When the ulceration is found at its height, the absorbent vessels remain quite inactive, proved by experiments ; strong solution of opium having been applied to ulcers without producing any effect of opium on the system, though it was applied in a form most favourable for its being taken up by them. 3. Some structure is very liable to take up ulceration, and seldom or never can be absorbed, as cartilage.—4. The best proof of ulceration being an act of inflammation may be found in primary syphelitic ulcers, which when left alone are in the majority of cases followed by secondary symptoms, (as cutaneous eruptions, sore throat, &c.,) but should they be seen early and well cauterised by nitrate of silver, then the secondary symptoms in the majority of cases are prevented from occurring. Then what it shows? Why! it shows that if the ulceration there occur would have been the work of absorbents, then most probably the system might have been contaminated by virus and would have not prevented the secondary symptoms from appearing.—

I. *Causes.—Predisposing causes* of ulceration may be those which predispose inflammation,—such as 1. *Local plethora* inducing inflammation, suppuration and ulceration.—2. *Local debility* of the capillaries of certain parts. If any part being any way lost its tone is very apt to take up inflammation and subsequently ulceration. 3. *Nervous debility* also predisposes individuals to take up inflammation and ulceration in different parts, especially those which are far from the circulation, ulceration in limbs paralised are very common occurring. 4. Obstruction to venous return may predispose to inflammation and hence also to ulceration.

II. *Exciting causes.*—1. *Mechanical injury* such as blows, pricks or wounds, &c., may induce inflammation and hence also ulceration if it reached its third stage—the stage of true inflammation, or the mechanical injury may be so violent as to cause death of a part which when is removed by the process of sloughing, exposes a raw granulating surface.—2. *Chemical agents* such as strong mineral acids, and alkalies when applied must induce inflammation followed by ulceration. Besides these whatever are the exciting causes of inflammation may also be the exciting causes of ulceration,—among which may be enumerated, excessive heat, cold.

2. These are the different forms of ulcers—

1. Simple or Healthy Ulcer.
2. Weak.
3. Irritable.
4. Inflamed.
5. Indolent.
6. Sloughing.
7. Sloughing-Phagidina.
8. Phagidina.
9. Scrofulous.

These ulcers will occur in every part of the body such as limbs, trunk, &c., but generally speaking in practice I have seen more cases of ulcers of the extremities (especially of the lower ones) than of any other part.

But the scrofulous ulcers are more commonly seated in the neck implicating the lymphatic glands.

Now I will describe each of these ulcers as briefly as possible—

I. *Healthy Ulcer* is characterised by the following phenomena. Granulations are numerous, red, small even and on a level with the surrounding skin; discharge from it is thick, yellow, neither profuse nor too scanty but sufficient to cover and protect the raw surface from the external source of irritation. It is not offensive.

Treatment.—Constitutional treatment consists only in keeping up the digestive function in order, by mild purgatives and nutritious but unstimulating diet; should the patient be weak and cachectic we may safely administer tonics beginning with milder ones, such as infusion cherytta, or columba, and if required we may next give bark or quinine. We may give opiates at night if his sleep be disturbed and unrefreshing. With regard to the local treatment we are not required to do more than to assist nature by keeping the sore free from any kind of irritation.

Therefore we may dress it with cold or tepid water dressing according to the feeling of the patient which may be both soothing and protective. Evaporation of water may be prevented by covering it with a piece of silk cloth or fine thin guttapurcha.—If the granulations become pale and large, we may mitigate the water dressing with some mild stimulants such as sulphate of copper—grains ij. in ℥j of water or nitrate of silver grains ij. in an ounce of water. Lastly when the granulations rise up and become higher than the surrounding skin, we safely use slight pressure such as by sticking plaster and bandages, the pressure being equal and gentle.

II. *Weak Ulcer* is known by its presenting large, few, irregular, pale granulations, attended with thin rather icherous discharge; the surface of the sore is uneven.

Treatment.—Constitutional treatment should be at first directed for the mischief generally lies there, unless the primi via is corrected, the local measures adopted should be of no avail and use. Therefore the patient should take a good dose of purgative medicine say calomel and jalap or calomel and collocynth followed by senna and salt. He should be allowed to take nourishing diet, and tonics as bark or quinine may be given.

℞ Quinæ Disulp,........................ grains iij.
Opium, ... grains j.
3 times a day,

I have seen generally prescribed in this hospital with good effect. Wine or beer in small quantity may also be allowed if the patient be of a very delicate constitution and weak. With regard to the local treatment, it will be same as in the other form, except strong stimulating lotions such as of copper, zinc, or nitrate of silver, may be applied. And when it takes the character of healthy sore then the treatment of it already noted will be recoursed to.

III. *Irritable Ulcer.*—Weak sore often when not well treated or when left without any treatment it passes into an irritable form, characterised, by excessive pain in the sore and around it, skin surrounding it red and tender and the surface of the sore devoid of granulations looks red and as if it were polished, and if rudely touched bleeds most profusely.

Treatment.—Constitutionally the patient should be treated antiphlogistically. He should be purged and kept on low diet for some time, if much febrile heat which is apt to be present some saline mixtures containing tartar emetic may be given to favour perspiration, as

℞	Magnesia Sulph,............................	℥j.
	Tartar Emetic,............................	grs. ij.
	Aqua, ...	℥viij.

An ounce of this every or every two hours. Nothing will be more soothing than full dose opium say ʒj. of laudanum at bed time. Locally we may apply cold water dressing, which is said to have a very soothing effect upon the sore. Often I have seen solid nitrate of silver applied to the sore until it is blackened which I have seen many times soothed the pain so much as the patient fell sleep, because nitrate of silver when applied externally is also a sedative.

IV. *Inflamed Sore.*—This is an irritable sore in a degree higher still,—the sore looks very red, bleeds profusely if touched any way rudely, devoid of granulations or granulation small, few and scattered, the surrounding skin is red, hot, and highly sensitive as well as swollen. Of course the constitution suffers at the same time also; high inflammatory fever lights up characterised by very hot, pungent, dry, skin, frequent rapid pulse, furred tongue, &c.

Treatment.—Of course antiphlogistic first of all a dose of good purgative medicine should be given, diet should be lowered and will not be allowed to take more than sago and arrowroot for a couple of days. General blood-letting is seldom recoursed to, at least I have never seen. Locally we are recommended to apply leeches around the sore or even on the surface of the sore, number of which may be regulated according to the intensity inflammatory action and to the extent of the sore inflamed. Scarifications with the point of a knife or a lancet may be used in the case where leeches cannot be had, after these, mild emmolient poultices or cold water dressing may be applied, when the inflammation subsides and the sore takes the characters of one or the other of them already described and then the treatment proper to it will be recoursed to or the inflamed sore will merge itself into a sloughing kind. The characters and treatment of which will be hereafter mentioned.

V. *Indolent Ulcer.*—It is that form of ulcer which neither enlarges nor takes up the healthy character, but remains as if it were stationary. It is characterised by a hard cartilagenous ring-like margin, sensibility elevated from the surrounding skin,—the surface of the sore looks pale devoid of granulations and deeply excavated, it is neither painful nor bleeds when touch how so rudely,—discharge is thin and ichorous.

Treatment.—First thing to do is to set in order the digestive functions by occasional mild purgatives and tonics, because this kind of ulcer in the majority of cases occurs in weak and debilitated constitutions. Locally we recommended to cut off the rounded cartilagenous margin by a knife or to destroy it by the application of potassa fusa, next to this the treatment of that sore of which it takes the characters, should be applied.

VI. *Scrofulous Ulcer.*—This variety of ulcer begins with induration of, and deposition of tuberculous matter in the lymphatic glands, (generally found on the neck) which soon suppurate under the skin, and the matter makes its passage out by eating through the skin; which first looks livid and purple but soon gives way in different places through which the thin icherous fluid with sloughs of cellular tissue and tubercular matter passes—these small openings soon coallase and form one or more large ulcers, devoid of granulations. The margin of the sore is generally thin and the skin there undermined, and livid. This variety of ulcer generally occurs in clusters.

Treatment.—Constitutionally we may first set the digestive function in order if not and then give iodine to take. Iodide of potassium is the form in which it is used. Generally I have seen it given in 4 or 5 grs. doses with 2 or 3 ℥ of sarsaparilla or Indian hemedismis.

Locally we are recommended to lay open all the sinuses which may exist and the bottom of the sore well destroyed by caustic, either in the form of caustic potash or nitrate of silver, the latter generally may be sufficient. By these means, if circumstances favourable the sore will be converted into a simple healthy sore, then the proper treatment of which may be recoursed to; but iodine is the best thing for this kind of ulcer, it will never be omitted.

VII. *Sloughing.*—This is characterised by its rapid enlargement, throwing sloughs after sloughs and never taking up (until the system be regulated) a healthy action; there is a thin very copious, highly offensive discharge mixed with sloughs, it is highly painful and the patient suffers from irritative fever.

Treatment.—Constitutionally we may give the patient if weak tonics and stimulants as opium and quinine with nourishing diet and beer or wine, but these stimulants should not be given in excess.

Locally we are recommended to apply escharotics to destroy and sloughs, for which purpose I have generally seen strong nitric acid applied, and the separation of sloughs favoured by stimulating poultices such as port wine, poultice and sometimes when very fetid charcoal poultices or chloride of lime in solution may be applied,—and sloughs if possible will carefully dissected away by a fine pair of scissors, under this form of treatment it generally takes up healthy characters and granulates freely.

VIII. *Phagedinic Ulcer.*—This, like sloughing ulcer, progresses very rapidly, but like it, it does not throw off sloughs after sloughs and enlarges, but it enlarges by molecular disintegration. It is in fact an eating ulcer. It is devoid of granulations, its margin is rugged and uneven, as if it were bitten off by some animal. It is a very difficult thing to arrest its progress. The discharge from it is very copious thin fetid and offensive. Treatment is just the same as in the preceding variety.

IX. *Sloughing Phagedina* is nothing more or less than a sore having both the characters of sloughing and sloughing phagedina; that is to say it enlarges both by throwing off sloughs and molecular disentegration,—therefore it throws sloughs after sloughs floating in thin icherous discharge.

Treatment—Is the same as in the other two. It is very difficult to arrest its progress,—tonics and stimulants should never be forgotten.

If the sore be very fetid and offensive it may be washed with chloride of calcium and charcoal poultice applied to destroy the odour which will be very disgusting to other patients, &c.

There is no difference strictly speaking between a phagedinic sloughing ulcer and Hospital gangrene. Sloughing phagedina when occurs in the Hospital attacking many of the patients at a time then it is called Hospital gangrene. There is only this, that phagedina never occurs in unbroken skin while the Hospital gangrene occur as afterwards mentioned. The circumstances or condition's favourable to the occurrence of the Hospital gangrene are the following:

1. *From too much* crowding in the Hospital of patients with sloughing ulcers.
2. *Ill dressing, &c.*—Want of changing the dressing oftener especially in hot seasons, which causes the accumulation of bad matters and thereby affects the atmospheric air.
3. *Certain noxious atmospheric influence.*
4. *Mercurialism.*—Also favours the hospital gangrene to occur.
5. *Application of sponges* and bandages, used in dressing of a sloughing and unhealthy ulcer to a healthy and simple ulcer.
6. *Accumulation* of dirt and filth in the Hospital by the carelessness of the attendants and swipers attached to it.
7. *Peculiar constitution.*—Weak and delicate are more apt to take up Hospital gangrene than the plethorics and robusts.
8. *Peculiar susceptibility* which certain individuals have to the influence of this horrible disease.

Hospital gangrene when occurs, it seises on a wound or ulcer already existing or appear in a part unbroken in the form of a pustule with small dark marks around it accompanied with sharp stinging pain, next cuticle gives way and then the ulcer thus formed will begin to take up the sloughing process and extends both continuously and contiguously.

Treatment of Hospital Gangrene.—Locally we are to apply escharotics even repeatedly if necessary, followed by poultices and water dressing till all the sloughs separate, and granulations appear at least until it takes a healthy character. Constitutionally at first we will clear out the bowel say by calomel and jalap,—sometimes if the stomach be full emetics may be given. But when the typhoid symptoms appear the great thing to do is to support the patient with bark, quinine, wine and beer with good nourishing diet, and at the same time we will favour the separation of sloughs by mild stimulating poultices as already told.

The measures, to be taken to prevent the Hospital gangrene from spreading when it occurs in any Hospital, should be the following.

1. The patients attacked with this formidable disease should be placed far from other patients.
2. The sponges and bandages used in dressing that sore should be burnt or used after they have been well washed and cleansed,—better not to use them at all.
3. The Hospital should be opened from all sides to prevent the bad air accumulating and to favour well and thorough ventilation.

4. Chlorine gas is a remedy much recommended to be evolved in the hospital in order to destroy the poison from the air, should it exist there. (The best way of obtaining it is to act upon common salt and peroxide of manganese by dilute sulphuric acid.)

If Hospital gangrene have occurred in any Hospital, best measure to eradicate it will be not to allow any patient more to enter it until the disease is stopped and then to keep the hospital open and empty for some time, well fumigated with chlorine gas and the furniture well washed and kept in the sun, and the clothes well washed and dried, and the things which are not capable of being washed should be recommended to be burnt to ashes.

April 15, 1851. MAHOMED JAUN.

MEDICAL.

Rheumatism is a disease produced by the accumulation of certain morbid matters in the blood which should have been eliminated by the skin, what this may be is not as yet precisely ascertained. It has been said, because the function of the skin is arrested, lithic acid or lithate of soda accumulates in the blood and produces the disease. Rheumatism is closely allied to gout and some forms of the disease can hardly be distinguished from gout. It is a disease most likely to attack the poor, but this only because the poor are most exposed to its great exciting cause.

The forms or species into which the disease is usually divided are 1, Common Articular Rheumatism.

A. Acute—B. Sub-Acute—C. Chronic. There is no direct line of distinction between these subdivisions, but they are useful in practice.

2. Gonorrhœal Rheumatism.

3. Rheumatism complicated with, a—Peri and Endo Carditis, b, with inflammation of the membrane of the brain, c, with inflammation of the membranes of the spinal cord—the two latter are very rare complications.

Again Rheumatism has been divided according to the structures which it chiefly affects, thus we have

1. *Synovial Rheumatism* attacking the synovial membrane, this is a more rare form than the next.

2. *Articular Rheumatism* affecting the fibrous tissues belonging to the joint.

3. *Fascial Rheumatism* when the disease attacks the fasciæ covering muscles, or

4. *Muscular Rheumatism*—The disease is said to attack muscle, but it is probable that the disease never affects the proper muscular tissue, but confines itself to the fibrous tissue which may invest muscles; in fact, it is a disease peculiar to fibrous tissue.

No reason can be given why Rheumatism so rarely terminates in suppuration, even in its most severe forms. Rheumatic inflammation sometimes affects the sclerotic coat of the eye, forming one of the varieties of sclerotitis.

The predisposing causes of rheumatism are those which tend to produce debility—too great exertion of mind and especially of body—accumulation of morbid secretions and excretions, a moist miasmatous climate, vicissitudes of climate, &c. Of the exciting causes cold combined with wet, particularly when they act on an exhausted frame, are the most undoubted, and probably then are the only exciting causes, others acting as predisposing ones.

I forgot to state that when rheumatism affects the loins, it is called *lumbago*, when the intercostal muscles—*pleurodynia*.

Acute Articular Rheumatism can rarely be mistaken for any other disease. It may be distinguished from Acute Synovitis by rarely confining itself to one joint, most frequently the corresponding joints are affected—the joint is often red in the surface, and always exquisitely tender, the slightest motion aggravating, the joint is swollen from effusion into the areolar tissue, and also into the cavity of the joint if the synovial membrane is inflamed. There is high inflammatory fever, the pulse is full, bounding and hard, skin hot and generally moist, often the perspiration is profuse and of a peculiar acid nature—the appetite is lost, thirst very great—bowels generally confined, urine pretty copious, very high coloured, and depositing a large sediment. The blood drawn is always buffed and cupped, even when the patient has been bled frequently and perhaps too much. Acute Articular Rheumatism rarely, very rarely terminates in suppuration. One case has been noticed in the College hospital; in this also it differs from synovitis.

The most formidable complication of Rheumatism is inflammation of the Pericardium and Endo-cardium. This disease or rather this complication is much less frequent in tropical climates than it is in Europe—altho' probably Rheumatism, particularly its chronic forms, is as frequent in India as any where else. Symptoms of Rheumatic Pericarditis are pain in the left shoulder, shooting from the cardiac region, and often extending down to the elbow and even the wrist. A peculiar expression of countenance and singularity of manner is often noticed, a feeling of heaviness or weight about the epigastric region—sometime a difficulty of lying on the left side—pain the cardiac region, increased, it may be, by pressure. Fever is generally present; as the disease proceeds delirium often sets in either mild and muttering or fierce—this very rarely depends on any a rheumatic affection of the membrane of the brain. But the most marked signs of the disease are the physical.

Lymph being thrown out on the surface of the pericardium, the alternate movements of the heart produce a *to and fro* sound by the rubbing together of the rough surfaces of the pericardium—this sound may change its character—It may sound like a new saddle, or like a nutmeg grater, but its peculiar characteristic is its being *to and fro*; but this sound often subsides altogether for two reasons, either because the opposed surfaces of the inflamed pericardium have adhered as in pleurisy, or because the two surfaces are separated by an accumulation of fluid other sounds may be present. The Bruit-de-soufflet or bellow's murmur when the Endo-cardium is inflamed and particularly that portion lining the valves. Nodules of lymph are deposited on the valves in the form of double festoons—This peculiarity being due, as Dr. Watson has shown, to the anatomical structure of the semilunar valves. The Aortic valves are most frequently affected, other portions of the Endo-cardium may also be inflamed—especially that portion covering the fleshy columns and tendinous cords.

The bellow's murmur is often drowned by the to and fro sound, and it may be heard when the latter subsides.

This disease seldom terminates fatally in the early stage—but, nevertheless it produces change which at last bring about most dangerous and ultimately fatal effects.

Thus the heart's action may be clogged by the adhering of the pericardiac surfaces, or, as is most frequent—we have the long series of affections produced by valvular disease, terminating at some future time in dropsy and death.

But the disease in a few cases has terminated fatally in the early stage, coma preceding death. In these severe cases there is generally very great restlessness and the utmost anxiety.

This complication is often very obscure, but when we have the slightest suspicion we should examine carefully for the physical signs, especially for the to and fro sound, also for the bellow's sound, and on applying the hand over the heart, we sometimes feel a purring thrill or tremour which has been likened to the feel produced by passing the hand over a cat's back whilst she is purring.

Treatment of Rheumatism.—Of the acute form occurring in a robust subject—in this case we bleed by a large orifice, and according to Dr. M. Hall's plan, approaching to syncope, we are sure to find the blood buffed and cupped, but we are not to repeat the bleeding merely on this account. In a few rare cases a repetition may be required.

In the Natives of India venesection is seldom required.

Calomel and opium is then generally administered, say grs. viij. of calomel, grs. ij. of opium and gr. ¼ of Tartar Emetic or grs. vi. of James powder. This may be given at noon, repeated at bed time, and a black draught given in the morning.

During the day Colchicum xx. m with Carbonate of Potash 2 ℈j and decoction of Cinchona every 6 hours.

The Calomel and opium may be repeated in a smaller quantity with James's powder at night, and the bowels kept open with Senna mixture.

With regard to Colchicum, many rely on it chiefly, others deny its efficacy, and say it is most efficacious in gout.

If the patient is much debilitated during convalescence Quinine and opium is very useful.

Local treatment.—In the acute form cold applications are dangerous—Leeches may be used with benefit around the joint or cupping to other parts, fomentations may also be used. When redness and acute pain has subsided blisters are by for the most useful—frequently repeated this is preferable to keeping them open.

Sub-Acute Rheumatism.—General bleeding is not required: calomel and opium, one or two doses may be given at first with smart purgatives and then Colchicum, with Acetate of Potash and decoction of cinchona, or Dover's powder grs. viij with Nitrate of Potash grs. x thrice daily.

Locally, Leeches are most useful, application of Nitrate of Potash lotions—sometimes, and above all blisters in the latter stages.

Chronic Rheumatism.—The Cod liver oil has been found very useful, given in a tea spoon increased to a table spoon thrice daily—Compound tincture of Guiacum as a stimulant diaphoretic, Dover's powder at night.

Warm baths are also useful, and this remedy is also very useful in the acute form. If the patient is emaciated Quinine, Iron, and other tonics, Iodine and Iodide of Potassium with Sarsaparilla and above all change of air.

But little is known of the treatment of the Head and Spinal complications, we treat according to general principles.

Gonorrhœal rheumatism is a very obstinate affection and less amenable to treatment than the other forms, but this in no way differs from that already mentioned for Acute Rheumatism. Warm baths containing Sulphuret of Potassium will be found useful.

Of the treatment of Rheumatic Endocarditis and pericarditis.—bleeding is seldom useful except in the most robust—for it produces a tendency to coagulation in the blood, on the irregular internal surface of the heart. Cupping or leeching to the Cardiac region and repeated as often as thought necessary. Calomel with small doses of opium repeated frequently, mercurial inunction, and as to bring the system rapidly under the effects of mercury—later in the disease we use blisters, which may be repeated, stimulants may be required if there is much exhaustion, but they must be carefully given.

James Hinder.

HONOR EXAMINATIONS.

DESCRIPTIVE ANATOMY.

Answer 1.—The perineal region is bounded anteriorly by the pubic symphosis, posteriorly by the coccyx, and laterally by the rami of the Ischium and pubis and the sacro schiatic ligaments. This region is divided by an imaginary line drawn from one tuber ischii to the other into two parts; an anterior or urithral peræneum and a posterior or anal peræneum.

In dissecting this region, we come *first* upon the skin. The skin in this situation is thinner than elsewhere, and covered with hairs. In front and extending from the anterior part of the anal opening to the under surface of the penis is a raised fold of skin called the Raphe.

Next.—Superficial fascia. This is continuous with the superficial fascia of the neighbouring parts. That covering the upper part of the Urethral perinæum is free from fat, and likewise thinner than that covering the anal perinæum. By this time we have got to the superficial sphincter muscle. This muscle arises from the fibrous band which is attached to the apex of the coccyx and divides anteriorly into two parts which surround the opening of the anus. On the anterior part of this opening, the fibres reunite into one band and is entered into the central point of the perinæum. The surfaces of this muscle are superior and inferior; and the borders are external and internal. The broadest part of the muscle is near the tuber ischii which latter they touch in a well developed muscular subject.

Next.—We come upon a thin glistening and transparent Membrane. Through this membrane, the muscles which it covers can be plainly seen.

Some authors have named this membrane the *deep* pereneal fascia. Others reserve this name for another which is situated deeper, and give this the name *deep layer of the superficial fascia.* Whichever of these names is adopted, it is found to be inserted to the rami of the ischium and the pubis. Posteriorly it does not extend much being lost in the anterior layer of the triangular ligament.

Next.—After this layer is removed we come upon the following parts Erector penis, Accelerator Urine and transversus Perenæci Muscles. These three muscles enclose a triangular space, the base being directed backwards. Through this space the operator sinks his knife in the lateral operation of lithotomy. The Erector penis Muscles arises from the tuberosity and the ramus of the ischium and is inserted into the corpos-cavernosum penis which latter it in a manner encircles.

The transversus percini muscles arises from the surface of the ramus of the ischium and is inserted into the central point of peræneum. The origin and insertion of the accelerator Urine Muscles is differently described by different authors. The easiest method is to study it thus. It arises along with its fellow of the opposite side from the mesial raphe of the corpus spongeosum. The lower fibres are inserted into the triangular ligament and the ramus of the ischium, the middle fibres encircle the bulb of the Urethra and unite with its fellow of the opposite side on the upper surface of the bulb between it and the grooved surface of the corpora cavernosa. The upper fibres end in a long thin tendon which is continuous with the suspensary ligament of the penis.

The internal sphincter muscle is likewise exposed. It is nothing more than an aggregation of the circular fibres of the Rectum, and as such has no points of origin and insertion. Unlike the external sphincter its surfaces are external and internal and its borders superior and inferior.

The transverse and the superficial arteries of the peræneum and likewise the superficial peræneum nerves are likewise exposed. The transverse peræneal artery passes inwards from the internal pudica artery along the upper border of the transverse peræneal muscle. The superficial peræneal artery passes upwards through the triangular space already described, to its destination in the scrotum.

Having taken off the muscles we come upon the Corpora Cavernosa and the corpos spongeosum, the lower part of which is enlarged and is called the *bulb*. As these parts essentially belong to the organs of generation, and cannot be fairly brought in the description of the peræneum we leave them aside.

When the bulb and the corpos cavernosum is drawn asunder from one another the anterior layer of the triangular ligament is brought into view. This layer is attached on either side to the rami of the ischium and pubis, superiorly to the symphasis and the subpubic ligament. Inferiorly or posteriorly it is continuous with the anal fascia, with the central point of peræneum, and with the deep layer of the superficial peræneal fascia.

This layer being taken we expose the compressor urethræ, transverse compressor urethræ muscles, the arteries of the bulb and cowper's glands the compressor urethræ muscles arises from the pubic symphases and is inserted into the membraneous portion of the urethræ between the two layers of the triangular ligament. The transverse compressor muscle arises from the ramus of the pubes and passes transversely to be inserted into the same point as the former, and encircling like it the canal of the urethra. Cowper's glands are two little glandular bodies situate behind the bulb and beneath the membranous portion of the urethra.

After these are removed we come upon the posterior layer of the triangular ligament. This layer is more extensive than the preceding, above it is attached to the posterior surface of the pubic symphasis and subpubic ligament, latterally to the rami of the ischium and pubis, and is likewise continuous with the Rectal fascia. Inferiorly it is continuous with the true ligaments of the bladder and the Recto vesical or Tyrell's fascia. After this is removed we come upon the prostrate gland which we have been searching for.

We must speak few words about the ischio—rectal fossa and its contents. This is a conical cavity between the Ischium and the Rectum. Its apex is pointed upwards and the base is in the opposite direction, and is covered in by the skin and superficial fascia. In the natural state of the parts it is filled in by areolar tissue containing a large quantity of fat. When these are removed the boundaries are well seen. It is the seen to be bounded internally by the levator ani muscle covered in by the anal fascia, externally by the internal obturator muscle covered by the obturator fascia. Its base is covered in as before said by skin and superficial fascia: while the dense fibrous ring where the Recto obturator fascia divides into two, marks its apex. Along the outer wall of this fossa and lying about two lines above the margin of it, is seen the internal pudic vessels and nerve running upwards.

Answer 2.—Nerves distributed in the cavity of the orbit.

Names.	Distribution.
Optic nerve,	Retina of the eye ball.
3rd nerve,	Levator palpebræ muscles. Superior Rectus ——— Inferior ————— Internal Rectus ——— Inferior oblique ———
4th nerve,	Superior oblique ———
6th nerve.	External Rectus.
Short ciliary nerves of the anticular ganglion,	Iris.

Nerves passing out of the orbit and giving branches to its contents.

Supra Orbital, Supra Trochlear,		Cartilage and muscles of the eyelids.
Nasal,	Infra Trochlear,	Conjunctiva. Caruncula Lachrymalis. Lachrymal sac. Tartial cartilages.
	Long ciliary nerves,	Iris.
Lachrymal,		Lachrymal gland.

MOHESH CHUNDER GHOSE.

BOTANY.

Question 1*st*.—Describe the origin and anatomical structure of stipules?

Answer.—The stipules are formed by the lateral separation of the elements that compose the petiole; in structure it consists of a network of fibro-vascular bundles the interstices of which are filled with parenchyma—The fibro vascular bundles consist from within outwards of first Tracheœ second striped or dotted fibres surrounded by dotted cells sometimes lengthened into fibres third laticiferous vessels and 4 fibres analogous to those of the liber.

Question 2*nd*.—What are the principal kinds of aestivation in flower buds: name and describe them respectively?

Answer 1st.—Valvate—Margins touching each other without overlapping Ex: Calyx of Guazuma ulmifolia.

2nd.—Induplicate—External surfaces folded inwards and touching—Ex: Corolla of the same

3rd.—Reduplicate—Internal surfaces folded outwards and touching Ex: Calyx of Althea Rosea.

4th.—Contorted—Floral whorls on the same level and overlapping each other Ex: Corolla of the same—Apocyneæ convolvalaceæ &c.

5th.—Imbricate—Floral whorls on different levels overlapping each other like lites.

6th.—Conduplicate—Margins of a single floral leaf folded laterally the apex and midrib remaining immovable.

7th.—Convolute—rolled upon itself in the form of a horn.

8th.—Involute—Margins of a single leaf rolled inwards.

9th.—Revolute—the same rolled outwards.

10th.—Quincunnial—consisting of five parts two of which are external two internal and one overlapping the internal ones and is itself overlapped by the external ones—some Rosaceœ.

11th.—Vexillary—Consisting also of five parts one of which is large and overlaps the others—named the standard or vexillum—two lateral called the wings and two uniting to form a single piece called the Carina enclosing the essential organs Ex: pea, &c.

Question 3rd.—What are the leading divisions of Inflorescence; name and describe the different kinds?

Answer.—Inflorescences are of two primary kinds, namely, Axillary—indefinite or centre-petal and terminal definite or centri-fugal;—there is a third kind which is a mixture of the last two.

A raceme is that in which the pedicels are of nearly equal length, each supporting a single flower—The pedicels in this case are secondary ones—Hycinth currant &c

A panicle is a raceme with tertiary axes—Yucca Gloriosa.

A thyrsus is that in which the pedicels in the centre are longer than those at the extremities—Lilac &c

A Corymb is that in which the pedicels proceeding from the bottom are longer than those at the top all reaching at the same level. It may be simple or compound. All these forms of inflorescences are mere modifications of the raceme.

A spike is one in which the flowers are sessile arranged in other respects very much in the same manner as the raceme—Plantago—Verbena officinalis.

A Spadix is a spike enclosed in a spatha—Aroidœ plantain, &c.

A *Copitulum* is a cluster of sessile flowers arranged in a head—Daisy &c

A Glomerulus is formed by several of these Capitula.

An *Amentum* or *catken* is one in which the sessile flowers are usually staminiferous, the whole falling off by an articulation.

When the flowers arranged on an axis are sessile and at the same time pistilliferous the inflorescence is called a cone or Strobilus. The last is met with in the hop. the first in the fir.

When the peduncle is hollowed out enclosing the sessile flowers the inflorescence is called an *hypanthodium* Dorstenia, Fig &c.

All these are arranged on an elongated axis.

An *umbel* is one in which the pedicels proceed from the same point in a flattened axis and are of equal length. It is either simple or compound; in the latter case the partial umbels are called umbellules—Umbelliferæ.

All these forms are centripetal or indefinite.

All centrifucal inflorescences have been named cymose but these are varieties of the cyme—It is called scorpoidal or helicoidal or gyrate when the axis on one side of the raches are only developed—It is seen in the forget-me-not. It has been thus named on account of its resemblance to the tail of the scorpion.

Cymose flowers arranged in a cluster are named verticillasters.

The fascicle of Xylœphylla longifolia consist also sessile flowers with centrifugal expansion on a flat peduncle.

Mixed inflorescences are seen in the Compositæ Labiatæ &c—In the first the heads of flowers taken as a whole is developed centrifugally and the single florets centripetally. In the second the arrangement is reverse.

Question 4th.—Describe the structural formation of albumen and state the principal kinds?

Answer.—When the embryo does not fill the cavity of the nucleus, the cells of the nucleus and of the embryo-sac become filled with matter either starchy nitrogenous oily &c. This constitutes the albumen. It may be either farinaceous or mealy, horny, ruminated fleshy or cartilaginous

Question 5th.—Describe the raphe and chalaza and explain the relations of the latter to the embryo in the ripe seed?

Answer.—The raphe is a fibro-vascular cord connecting the chalaza with the hilum and is developed only when the former is apposite to the hilum as in an anatropous ovule or seed—The Chalaza is a fibro vascular membrane situated at the base connecting the integuments of the ovule or seed and nucleus together at the hilum—The Chalaza and integuments generally are joined at the base as is the normal arrangement of all, particularly at the early stage of development—The Chalaza is sometimes pushed to one side as in a campylotropous ovule or seed sometimes as in an anatropous ovule the Chalaza is at the extremity opposite the hilum.

Question 6th.—What is the meaning of a species in plants?

Answer.—When plants agree so closely in their characters as to render them seem to proceed from the same parent they form a species plants of the same species differ from each other in very unimportant characters such as size colour &c—This is the simplest form in which plants are grouped.

Question 7th.—What is the Calyx when developed in the Compositæ?

Answer.—The Calyx when developed in the Compositæ appears in the form of hairs—It is called pappus. It may be either simple or feathery.

Question 8th.—What kind of fruit is the papaya?

Answer.—It is a pepo or peponidum.

Question 9th.—What is the structural nature of the edible part of an orange?

Answer.—The edible part of the orange consists of cells filled with juice enclosed in processes of the endocarp.

Question 10th.—In what respects do the organs of fructification in the Coniferæ and Cycadeæ differ from the ordinary structure of dicotyledonous plants?

Answer.—In these orders the flowers are pistilliferous, the seeds are naked—In the Cycadæ there are no floral envelopes the bracts enclosing the essential organs—In the Coniferæ the inflorescence is a cone.

Question 11*th.*—What is the nature of the vitellus of a ripe seed?

Answer.—The Vitellus is an occasional coat of the seed formed by the embryo sac when the last remains distinct from the nucleus.

BEHARRY LALL GHOSE.

CHEMISTRY.

Answer 1*st.*—A common electric machine consists essentially of a glass cylinder, or a circular plate of glass, supported upon an axis at one end of which is a handle, by turning which the glass plate or cylinder revolves upon its axis—a cushion or rubber of silk stuffed with flannel and covered with amalgamated zinc—the prime conductor made generally of brass and is placed in such immediate proximity of the glass cylinder or plate that the electricity produced by the friction of the glass on the rubber is taken up by it—and a brass chain to connect the whole machine, (which is supported upon legs made of glass or of some other non-conductor) with the ground. Now on turning the machine electricity is produced, 1, by the friction of the glass cylinder or plate on the rubber, 2, by the oxidation of the amalgam on the surface of the rubber. By the revolution of the glass cylinder or plate upon its axis a large extent of surface is exposed to a continual friction, by means of which a large quantity of vitreous or positive electricity is produced, which goes to the prime conductor in its vicinity; the rubber is at the same time charged with electricity of the opposite kind, according to the law, that when two substances are rubbed together, so as to electrify one of them, the other, if in a state to retain electricity will be charged with electricity of the opposite kind.

This explains why is it that if we wish to have a large quantity of positive electricity we are required to connect the rubber side or the negative side of the machine with the ground by means of the brass chain above described? and why, in a similar manner, one, wishing to have negative electricity from the negative of the machine, is required to connect the prime conductor with the ground.

Before explaining the theory of accumulation of electricity in a coated glass jar or leyden jar, it is necessary to premise the two following laws of electricity viz. 1. When a non-electrified body is brought in *contact* with one electrified, the non-electrified body is similarly electrified with the electrified body with which it is brought in contact. 2. When a non-electrified body is brought in close *proximity* of one already electrified, the electrified body *induces* on the non-electrified body brought near it, a state of electricity opposite to itself.

Now when the knob of a leyden jar is brought in contact with (take for instance) the prime conductor of an electrical machine, the inside of the jar becomes positively electrified, because in the first instance the knob becomes positively electrified by its contact with the prime conductor and then (the knob being connected by means of a metallic wire with the inside of the jar which is coated with tinfoil) the inside of the jar become positively electrified. At the same time the outside of the jar which is also coated with tinfoil becomes negatively electrified by induction. This will explain the fact that if there be the least crack in the glass of a leyden jar, electricity cannot be accumulated in it. The particles of opposite electricities attract each other; and the particles of similar electricity repel each other. Now the outside and the inside of a leyden jar are oppositely electrified; now if a communication is established between them, as is the case when the glass is cracked, the electricities of the two sides of the jar rush into one another and are neutralized and thus it becomes impossible to get a spark from a fractured leyden jar.

The effects that electricity is capable of producing are so numerous that I feel myself at a loss and incapable how to arrange them properly and bring them together—I shall however here enumerate some of them.—The grandest and the most terrible phenomena in nature, the lightning and thunder are the effects of electricity.

Electricity produces chemical combination and decomposition. Thus when equal volumes of hydrogen and chlorine are mixed together and exposed to the electric spark they combine with explosion to form hydrochloric acid. Similar phenomena takes place when hydrogen and oxygen are mixed in proper proportion and exposed to an electric sparks the product in this case being water. The decomposition of water by galvanism may be adduced as another example; for what is galvanism, but electricity in a current. The effects depending on the attraction and repulsion between the particles of electricity itself and between them and matter, are so numerous that I give up writing feeling my incapacity to do so.

Answer 2nd.—Lead is a metal of a bluish white colour and high metallic lustre. It is however tarnished on exposure to the air. It is very heavy, its specific gravity being about 11·864. It melts at a moderate heat. Its equivalent number is 103·6. When exposed to air and moisture especially if in contact with pure water such as rain water, it soon tarnished with a film of carbonate which is highly poisonous. Hence leaden cisterns are improper if intended to keep pure water. But water charged with saline impurities may be kept in leaden cisterns with impunity as in this case the lead is coated with an insoluble film. When lead is burned to 600° or 700° F ht. for sometime, the well known pigment red oxide of lead is produced. The metal is soft. It is highly ductile and malleable but is of inferior tenacity. Its principle ore is the sulphuret, known as galena or lead glance from which it is obtained by heating so as to drive the sulphur and oxidise the lead, and the oxide is reduced by heating with charcoal. It forms three compound with oxygen, the protoxide, the peroxide and the red oxide.

The protoxide of may be obtained by fusing the metal at proper temperature and is known as massicot. When partially fused as in the process of cupellation it is called litharge. It is a base and forms salts with acids which are generally colourless and have a sweetish taste. The peroxide of lead is not very important. It is obtained from the red oxide of lead by the action of heat.

The red oxide of lead is produced when lead is burned to 600° or 700° F ht. for sometime. It is a red powder and is a well known pigment.

Of the salts which protoxide lead forms with acids the most important are the acetate of lead, the carbonate of lead, the nitrate of lead and sulphate of lead, the formiate the meconate of lead, the bicarbonate.

The acetate is produced by the action of acetic acid on litharge. It has a sweetish astringent taste. When to a solution of this salt a caustic alkali a white precipitate of hydrate is formed. When an alkaline carbonate is fine white precipitate of carbonate of lead is formed known as the paint white lead.

Any solution containing a salt of lead may be easily detected by the following characteristic tests. 1. If sulphuretted hydrogen gas be passed through the solution the dark coloured precipitate of sulphuret of lead is formed. 2. If hydriodic acid gas is passed through the solution or if iodide of potassium be added to the solution the beautiful bright yellow iodide of lead is formed. 3. Iron reduces metallic lead from the solution.

Answer 3*rd*.—The alkaloid quinine occurs abundantly in the bark of the *Chinchona Flava*, *China Regia*, &c. It is obtained by adding lime water to a decoction in dilute hydrochloric acid of the bark then treating this with hot alcohol, which dissolves both quinine and cinchonine another alkaloid formed in the bark. On evaporating the cinchonine crystallises out and quinine remains dissolved, and may be obtained in crystals by further evaporation or by adding water when quinine falls down.

Quina forms beautiful white crystalline grain. It is very bitter and is much used in medicine as febrifuge and tonic. It has basic properties and forms with acids crystallizable salts. The most important of these salts are the sulphate—disulphate, acetate, nitrate and others.

DOORGA DOSS KERR.

MATERIA MEDICA.

Question I.—What is Ergot of Rye? What are its effects of its long continued use? What is its therapeutical use? What is the mode of administration?

The Ergot of Rye is the seed of the plant secale Cornutum. The effects may be divided under two heads.

I.—Its effects on the different organs.

II.—Its effects as an article of food.

1*st*.—The effects on the different organs may be arranged under four heads, viz., 1st. On the cerebro-spinal system, 2nd. On the Uterine system, 3rd. On the circulating system, 4th. On the other parts of the body.

1*st*.—On the cerebro-spinal system, it produces delirium, giddiness, dilatation of the pupil stupor, in a word Narcotism. Its effects are known within 24 hours.

2*nd*.—On the Uterine system Ergot of Rye produces contraction of the uterus and thereby facilitates the propulsion of the fœtus

3*rd*.—On the circulating system some say that Ergot of Rye diminishes circulation. But according to Dr. Peira, it increases the frequency of pulse for he says that when it is administered in parturition the face becomes flushed which cannot occur until circulation is increased in frequency.

4*th*.—Its other effects are giddiness, nausia, vomitting and purging on the system.

II.—The effects of Ergot of Rye as an article of food may be divided under two heads, viz. 1st. Its convulsive effects. 2nd. Its gangreneous effects. Its convulsive effect is characterised by delirium, loss of appetite, nausia, vomitting, convulsion, purging, voraceous appetite —and lastly formication, *i. e.*, a feeling by which the person feels that insects are passing over the body. The gangrenous effects are characterized by the above effects followed by gangrene.

The thrapeutical uses of Ergot of Rye are the following:

1*st.*—It is used in contraction of uterous, and thereby facilitates the expulsion of the fœtus. It is contra-indicated, 1st. In early labour, 2nd. Where there is disproportion between the pelvis and the head of child, 3rd. Where the child is not presenting naturally, Ergot of Rye is advisable to be administered in, 1st. Protracted labour, 2nd. Where the life of the patient is endangered by hemorrages whether puerperal or otherwise, 3rd. Where the fœtus is presenting naturally, 4th. Where there is confirmation between the head of the child and the pelvis.

2*nd.*—It is used for the expulsion of the placenta which is retained by the want of the contractive power of the uterus and also to expell sanguinous clots, polipi. It is also used in Leuchoria, Gonorrhœa, Gleet and in excessive Hemorrages from the uterous and lastly it is used in procuring early labour and aborsion. In unimpregnated women Ergot produces contraction of the uterous and also it is used where there is much difficulty in menstrual discharge.

Ergot is administered either in the form of Powder, Tincture, Oil, or Infusion—or Decoction. The dose of Powder is grs. x to ʒss to be given at intervals of half an hour—Oil mi to miii, tinct. tea-spoonful, Infus. ℥j, Decoc.

Question II.—What is the mode of the preparation of Bichloride of Mercury? In what diseases it is used, and what are its injurious effects?

The following are the modes of the preparation of the Bichloride of Mercury.

1*st.*—It is prepared by the action of Hydrochloric acid on binoxide of Mercury the following equation shows the change—

$Hg\,O_2 + 2\,HCL = Hg\,CL_2 + 2\,HO$. Here the two equivalents of the Oxygen of Mercury combining with two equivalents of Hydrogen of Hydrochloric acid and this forms two equivalents of water and mercury combining with two equivalents of Chlorine of Hydrochloric acid which forms Bichloride of Mercury.

2*nd.*—It is also prepared by the action of Bisulphate of Peroxide of Mercury with Chloride of Sodium or Common Salt.

The following equation shows the change:

$Hg\,O_2\,2\,S\,O_3 + 2\,Na\,CL = Hg\,CL_2 + 2\,Na\,O\,S\,O_3$. Here the Sodium of Chloride of Sodium combines first with Oxygen of Bisulphate of Peroxide of Mercury forming two equivalents of Soda which combines with Sulphuric acid of $Hg\,O + 2\,S\,O_2$ and form two equivalents of Sulphate of Soda. The Mercury of the Bisulphate of Binoxide of Mercury combines with two equivalents of Chlorine of Salt and forms Bichloride of Mercury.

The Bichloride of Mercury in small doses as from $\frac{1}{8}$ to $\frac{1}{4}$ of a grain is beneficial to the system, thus it is used in venereal diseases. It is also used as alterative in articular Rheumatism, chronic skin diseases. It is also used in scrofulo in psorasis, inpetigo.

As sorbifacient it is used in dropsy, as an external application. Bichloride of mercury is used as a caustic in the bites of rabid animals.

The injurious effects of Bichloride of Mercury in somewhat larger doses than $\frac{1}{8}$ to $\frac{1}{16}$ of a grain produce symptoms of poisoning characterized by vomiting, purging, spitting of blood, dry cough (and hence it should never be given in diseases of chest) convulsion, and ulceration and sloughing of mouth.

Question III.—Name the principal constituents of opium? State how morphia is usually obtained? What are the Physiological effects of opium? What is the proportion of opium in the different Pharmacutical preparation.

The principle constituents of opium are Morphia, Codeia, Paramorphia, Narceine, Meconine Meconic Acid, Sulphuric acid &c.

The preparation of Morphia is the following—

1*st.*—Take of Hydrochlorate of Morphia and add to this solution of Ammonia, when Morphia precipitates and Hydrochlorate of Ammonia remains in solution.

2*nd.*—It is also prepared by dissolving the opium in aqua distillata and taking thereby the soluble parts of opium, concentrate this by evaporation, to the consistence of a syrup and then add to this chloride of lead when water and chloride of lead are decomposed, thus forming sulphate and meconate of lead and Hydrochlorate of Morphia is held in solution. Take this solution and evaporate it to the consistence of syrup and press in cloth when much of the impurities would be removed, and then dissolve this in spirit and add to this solution of Ammonia when Morphia would be precipitated and Hydrochlorate of Ammonia is held in solution. The precipate is to be dried and washed with animal charcoal when all the coloring matter would go up and pure morphia remains.

The physiological effects of opium are divided under three head, 1st. Its effects as medicinal doses, 2nd. Its habitual use, 3rd. Its effects on the different organs.

I.—The effects of medicinal doses of opium may be divided under three degrees of operation.

In the first degree of operation opium from $\frac{1}{4}$ of a grain to a grain, acts as a stimulant to the vascular system, the person is exhilarated, a pleasurable sensation is felt through the whole system, the person is disposed to exercise, these effects are followed by sleep and slight costiveness.

In the second degree of operation opium from 2 grs. to 4 grs. first acts as an excitant, this excitement is soon followed by depression as into a state of profound sleep the person is indisposed to labour or exercise. He is insensible to the impressions that are made on the different organs of his body these effects are followed by costiveness, headache and nausea.

In the third stage of operation a ʒ dose or fatal dose of opium brings on at once coma without being previously excited. The person becomes motionless, he is dead to all external impression and if care be not taken, the person dies.

II.—The effects of habitual use of opium; are that the physical characters and mental faculties are all depraved there is loss of memory, the appetite is depraved and vitiated the person becomes immaciated and bent on one side. He becomes impotent, and lastly brings on premature death.

III.—The physiological effects of opium on the different organs are the following—

1st.—On the cerebro spinal system. In small doses opium is an excitant, in large doses it brings on coma owing to the congestion of vessels.

2nd.—On the alimentary canal opium diminishes secretion and exhalation, it solidifies the liquidity of stools and destroys appetite and hunger.

3rd.—On the circulating system, it is first a stimulant to the vascular system then it diminishes the circulation.

4th.—On the respiratory system opium first increases respiration then in large doses the respiration becomes slow, and lastly person dies in oppressed respiration.

5th.—On the urinary system opium produces the loss of the contractile power of the bladder and consequently voids urine involuntarily.

6th.—On the genital system, on the male opium acts as an aphrodisiac, on the female opium produces the loss of the contractile power of uterus.

The different Pharmacopia preparation of opium and the quantity of opium in each are the following—

1st.—Prepared opium or purified extract of opium, this is pure opium, this is not combined with any thing.

2nd.—Thebaic pill, gr. v. contain one grain of opium.

3rd.—Pillulæ Saponis Composite gr. v. contain grj. of opium.

4th.—Pillulæ Storaces Composite or Storax pill gr. v. contain one grain of opium.

5th.—Pillulæ Callomelis et opii or Calomel and opium pill gr. jjj. contain grss. half a grain of opium.

6th.—Pillulæ Plumbi opii, this pill contains gr. $\frac{1}{2}$ of opium in three grains of pill.

7th.—Pillulæ Ipecacuanha Composite, this pill contains $\frac{1}{10}$ grain of opium.

8th.—Pulvis Cretæ Composite Cum opii 40 gr. contain grj. of opium.

9th.—Pulvis Kino Composite gr. xx. contain grj. of opium.

10th.—Pulvis Ipecacuhana Composite or Dover's powder gr. x. contain grj. of opium.

11th.—Tincture opii mxx. contain grj. of opium, 11 Vinum opii.

12th.—Tinctura Ammonata Composite, or Scotch Paregoric 80 drops contain grj. of opium.

13th.—Tinctura Camphora Composite or English Paregoric, ℥ss. contain grj. of opium.

14th.—Acetum opii. This is three times less than Tinctura opii.

15th.—Emplastum opii. This is used as Plaster.

16th.—Enema opii ℥ss. contain one grain of opium.

JUGGERNATH SEN.

SURGERY.

Answer 1st.—The symptoms of fracture of the ribs with wound of the lung are, difficult and oppressed breathing, the respiratory acts being accompanied with pain, there is tenderness to the touch, crepitus is felt on making pressure over the broken bones, the external parts, corresponding to the wound made by the ribs, are swollen and emphyematous from the escape of air through the wound caused by the rib, there is a troublesome cough from irritation in the wounded lung, expectoration consists almost entirely of blood mixed with air—the pulse quick, full and sometimes hard.

Treatment.—In the first place you should try and replace the offending bone or bones in as natural a position as possible, if they be still projecting into the Lung. The treatment should be strictly antiphlogistic, you take blood from the arm, the quantity being regulated according to the strength &c of the patient, it should generally be carried to Syncope and repeated if necessary as the lung is such a delicate organ that destruction in it is very rapid. The repetitions should be in smaller quantities, besides generally bleeding you have recourse to local bleeding by means of Cupping and Leeching, more especially in those cases where the general bleeding is contraindicated—The Leeches are to be applied freely over the seat of injury—The bleeding is to be followed by Tartar Emetic in doses of grs. $\frac{1}{6}$ to $\frac{1}{4}$ every two or three hours—this remedy may be conveniently combined with opium—Calomel is also given but not at first, it may be given in doses of grs. iij. to iv. every three or four hours, it may also be combined with opium, the effect of Calomel is to subdue inflammation prevent effusion and effect the absorption of any effusion that has taken place—Strict rest should be enjoined and the ribs supported by means of a broad bandage, allowing as little motion as possible in them.

Answer 2nd.—The principal cause of Fistula in Perineo is stricture of the permanent kind—In stricture of long standing, there is generally a dilated portion of the Urethra behind it, this always contains some urine—this urine irritates the surface of the Urethra, it takes on inflammation and an ulcer is formed through this ulcer a small quantity of urine escapes into the neighbouring tissue it produces irritation and inflammation, more quantities escape, the parts give way before the irritating fluid, till an opening is formed in the skin—By degrees this canal-like opening takes on a Chronic nature and a Fistula is established.

Rupture of the Urethra may in like manner produce Fistula.

An Abscess in the Perineum may also produce Fistula, by first opening into the Urethra—this is followed by the escape of fluid into the cavity of the abscess and an external opening is formed in the same way as in the first case.

The Treatment of Fistula depends upon the nature of the cause. In Fistula arising from stricture you must depend upon the Catheter, because as long as the stricture remains, the Fistula will never close. In your use of the Catheter you must be patient and persevering as the removal of a stricture, perhaps of long standing, is not the work of a few days, nay weeks may elapse before you succeed in passing the Catheter.

You should commence with a small sized one and on the first day of trial you should be satisfied, with the passage of the smallest point of the Catheter into the stricture. It sometimes happens that you cannot effect the slightest entrance in the stricture for some days. You should however day by day use the Catheter, keeping it firmly pressed against the stricture, but not using force nor violence, till dilatation begins to take place and once dilatation having commenced its complete cure is easy.

When you have succeeded in passing the Catheter, once the next time after its withdrawal you try and pass one, a size larger, and so on every day or every second day, increasing the size of the Catheter, leaving them in the Urethra for a short time at each introduction, till the Urethra has become of its natural size. The Urethra having assumed its normal size, and the urine passing freely from it, the Fistula begins to contract, till it completely fills up. You should take care in the healing of the Fistula that the external opening does not heal before the internal, as the urine, will gather there and having no channel of escape will give rise to troublesome sinuses and perhaps sloughing of the parts.

In the other case you must also have recourse to the Catheter, keeping the Catheter in the Urethra as long as the system will permit, to try and effect the closure of the openings in the Urethra.

Answer 3rd.—The different dislocations of the Hip joint are I. Upwards on the Dorsum Ilii. II. Backwards into the ischiatic notch. III. Downwards into the foramen ovale. IV. Forwards on the pubis.

I. In this dislocation there is shortening from one inch and-a-half to two inches, the foot is inverted, and the toe rests upon the instep of the opposite foot, the large trochanter is felt nearer to the anterior superior spinious process, than natural, the head of the bone may be felt or the Dorsum Ilii, in a lean person.

II In the dislocation into the ischiatic notch there is shortening from half an inch to an inch, the foot is inverted, the toe rests upon the ball opposite toe, the trochanter or the head of the bone is felt much lower than the natural position.

III. In Dislocation downwards there is lengthening from one inch and-a-half to two inches, the foot is neither inverted nor everted, it is thrown forwards, in the erect position the body is slightly bent, in the recumbent position of the body be kept straight, the thigh is slightly flexed, and on straightening the thigh, the loins are arched. The Psoas and Iliacus muscles are made tense and can be felt distinctly on the stretch, the head of the bone may be felt in the perineum.

IV. In this dislocation there is shortening from half to one inch, the foot is *everted*, the bone can be distinctly felt resting on the pubis, a little external to the Femoral vessels—the thigh is inclined backwards and cannot be flexed.

The distinguishing marks between fractures of the neck of the Femur and the Dislocations of the head of the Femur are. In Fracture of the neck within the capsule there is eversion of the foot, but very seldom inversion. On making extension and then rotating crepitus is felt, and on rotating the Trochanter it moves on its own axis, on making extension the bone becomes of natural length, on dropping the extension it becomes short again—there is unnatural mobility.

In Dislocation downwards, there is no crepitus, the Head of the bone is felt on the Dorsum Ilii, and after making extension and reducing it it remains so and does not become shorter, the foot is always inverted and the big toe rests upon the instep of the opposite side. Mobility is less than natural.

In the Dislocation Backwards, the foot is turned inwards, the big toe rests on the ball of the opposite big toe, there is no crepitus, on reduction the limb is the same length as the opposite side, and after it has been reduced it does not return to the former condition. Mobility is less than natural.

In the Dislocation downwards, the limb is lengthened, the foot is neither inverted nor everted, but straight; no crepitus, the head is felt in the Perineum. Mobility is less than natural.

In the dislocation forwards the limb is never inverted always everted, the head is distinctly felt on the pubis there is no crepitus. In all these dislocations the trochanter may or does not move on its own axis, but in a circle the centre of which circle is the head of the bone.

The same characteristics apply to fracture of the neck external to the Capsule viz., unnatural mobility, crepitus on extension and rotation &c.

Answer 4th.—The symptoms of Iritis are, pain in the eye, chiefly in the eyebrows, Globe of the eye is tender to the touch, slight lachrymation. On looking into the eye a pink zone is observed round the Cornea, the vessels of this zone are deep seated, they are not tortuous nor do they innosculate freely. The Iris is seen to be dull having lost all its lustre and reflecting power, if light coloured in the healthy state, it becomes greenish, if dark it assumes a brownish muddy colour, the edges of the pupil are irregular and there is slight impairment of vision. There may or may not be constitutional symptoms.

Treatment.—If the patient be strong and robust, you may bleed from the arm till the pulse be distinctly affected, and repeat it if necessary but in less quantity, blood should be abstracted locally by Cupping from the temples, or leeches may be applied round the eye,—But your sole dependance must be on Mercury.

It seems to have a specific effect on the iris besides it reduces inflammations and prevents effusion, the following formula may be given:

℞ Calomel,............... gr. iij
Tartar Emetic, ... gr. $\frac{1}{8}$
Opium, ... gr. $\frac{1}{2}$
ft. pil: j to be taken every three hours.

The bowels are to be freely purged, cold or tepid applications may be employed, just as one or the other is more soothing to the patient and the eye is to be secluded from light and kept quiet. Diet should be low.

Answer 5th.—The symptoms of stone in the bladder are, constant desire to micturate, attended with excruciating pain in the bladder. Urine passes in drops or in a small stream which is suddenly stopt, by the closure of the opening of the bladder by the stone, there is a constant itching of the prepuce and glans penis, on account of which the former is always long and somewhat swollen from continual pulling by the patient, this symptoms is peculiarly observable in children. The pain during micturation is so severe that the patient puts himself in all positions to ease it. The pain is also excruciating after the bladder has been emptied—Extraction of the testicles is said by some to be a symptom but I believe it is more a symptom of Renal Calculus. The urine is always loaded with mucous, the cause of the unusual quantity of this is the following, the stone comes in contact with the mucous membrane and irritates it, it takes on a kind of passive conjestion and its secretive powers are heightened and consequently a greater quantity of mucous is secreted. The surest sign of stone in the bladder is afforded by what is called "*sounding*." The sound is an instrument like unto a Catheter, made with polished steel, with a greater curve, and straighter body, the handle is broad and flat. In introducing it you either make the patient stand up or lie down, in the former position it is introduced into the Urethra with the concavity downwards and when the point of the instrument comes to the arch of the pubis the instrument is turned half round in the recumbent posture, you lay hold of the instrument by the broad end between the thumb and the index and middle fingers of the right hand, the right hand should be just over the anterior superior spinous process at the commencement, it is then introduced into the urethra, the prepuce being drawn down &c. by the left hand; you keep this position till the instrument is about to pass the arch of the pubis, you then approximate it to the mesial line, gradually raising it till it slips into the bladder. After the introduction you shake the handle, when if the stone be present, a peculiar "click" will be heard, if all the other symptoms are present and on introducing the sound no "click" is produced, you grope about with the instrument, and change the position of the patient, till the stone strikes against it. By the means of this instrument you can tell, whether the stone is large or small, whether it is smooth or rough and whether there be one stone or many.

Answer 6th.—In a wound of the deep palmar arch, I would first apply, cold and pressure, the latter by plugging up the wound with lint in a conical form and then bandaging it up firmly. If these fail some surgeons recommend you to take up the bleeding vessel, this however is frequently impossible on account of the small size of the vessel, the great depth at which it is situated and principally on account of the nature of the wound, as it happens that troublesome bleeding generally follows punctured wounds. Others recommend you to take up the radial or the ulnar artery or both. The bleeding however may stop for a while, by this operation but it will generally come on after a short time because the interosseal artery freely inosculates with the Palmar arches through the Anterior and Posterior Carpal branches. I have been taught, in such cases, to take up the Brachial Artery at the usual place viz.: about the middle of the arm internal to the Biceps. A case of this kind lately came into Hospital, pressure and cold failed, when the Professor successfully took up the Brachial Artery.

The man left Hospital about two weeks after quite well. The wound was caused by a knife and was somewhat of a punctured nature.

G. H. Daly.

MIDWIFERY.

(1.) The constitutional and local peculiarities of the newly-born infant may be described under the following heads:

(a.) Of the Vascular system.—(A) of the Heart. The foramen ovale and the ductus arteriosus have not yet, as a general rule, been obliterated. According to bernt this change is, in the great majority of cases, completed within the first week. (B) of the blood vessels.—The Hypogastric artery and the umbilical Vein with its branches are pervious,

(b.) Of the Respiratory system.—If the process of respiration has been, as is generally the case, fully established, no peculiarity is then observed under this head. If otherwise the lungs do not exhibit or exhibits to a slight extent in case of imperfectly performed respiration. The usual changes in situation, colour, volume, weight, density, consistence and according to a French Chemist in the amount of fat which enters into their composition, that take place when the fœtus has been expelled from the uterus and commences respiratory life.

(c.) Of the Digestive system.—The *teeth* are, as is well-known, absent at this period of extra-uterine life. They do not make their appearance until after the sixth or seventh month. The *small intestines* are not provided with valvulæ conniventes to the same extent that they are in adult life or when the food does not entirely consist of mother's milk and the process of digestion has been fairly established. The *large intestines* are filled with meconium. The peculiarities of the liver shall be considered under the head of the Glandular system.

(d.) Of the Glandular system.—The *thymus gland* continues of pretty good size and has not yet degenerated into mere areolar tissue and fat. The same state of things obtains with respect to the *supra-renal capsules.* The *thyroid body* is proportionally of greater size than in the adult. The two lobes of the *liver* are almost of equal size and the organ itself occupies a large portion of the abdominal cavity.

(e.) Of the Osseous system.—The bones are not all of them united to each other by proper osseous tissue. There intervene unossified fibrous membranes between some of them, at the top of the head these constituting the so called " fontanelles." The bones of the face are proportionally larger than in adult life. As regards the bones of the extremities, the apophyses and epiphyses have not united with the deaphyses. There are also certain peculiarities connected with the ossa innominata. Their several constituent portions are distinct. The pelvis approaches in its characters to that of the lower animals—the plane of the brim looking directly forwards etc.

(f.) Of the Skin.—This is very delicate, much more susceptible of the operation of morbific causes than subsequently, and covered, in case it has not been properly washed, with a viscid substance. The epidermis has a tendency to desquamate. The subcutaneous areolar tissue is loaded with fat.

(g.) Of the Cerebro-spinal system.—As the higher intellectual faculties are not manifested, it may be presumed that the brain is not fully developed.

(h.) Of the anterior surface of the abdomen.—The portion of the umbilical cord connected with the child does not drop and disappear, generally speaking, before the fifth or sixth day after birth.

(2.) The ovular theory of menstruation maintains that this function consists essentially in the periodical maturation and extrusion of ova from the ovaries into the Fallopian tubes and that the flow of the menses is the result of the local determination of blood to the uterus which originates in the excitement of the ovaries. The facts and arguments in support of this theory are as follows :

(a.) It is a well-known fact in obstetrics that there is no effort at menstruation when *both* the ovaries are absent, atrophied or in any other way disorganised.

(b.) There is an effort at menstruation when the uterus or any other organ belonging to the Female Generative system except the Ovaria is congenitally absent or when present the subject of some disorganizing morbid process.

(c.) Post-mortem examinations have discovered that there is increased vascularity of the ovaries during the menstrual periods.

(d.) Coitus proves fruitful only in cases in which it occurs in the course of at most a fortnight after the cessation of the menses. This is M. Bischoff's opinion. Its grounds are 1, he believes that ova are discharged into the Fallopian tubes immediately after the menses cease to flow (2) that they take from 10 to 12 days to reach the uterus and (3) that they prove abortive and are dissolved and disintegrated unless they are acted upon by the spermatic fluid before they have passed over the middle of the Fallopian tubes or at any rate before they have reached the cavity of the uterus. Raceborski, an equally eminent authority, however, thinks that conception may take place when sexual union happens a day or two before the accession of the menstrual period.

(e.) There is, I believe, no authentic case on record in which ova were discovered in the Fallopian tubes, uterus or vagina during the intervals of menstruation or at any period previous to the commencement of this function.

(f.) Analogy corroborates this doctrine.—Bischoff and some other physiologists have, in their experiments upon the bitch, during the rut [the function analogous to menstruation in the human female], actually seen either ova in some part of the oviduct or Graafian Vesicles projecting themselves above the surface of the ovaries and about to burst.

(3.) The anatomical peculiarities of the cervix uteri are (a) a large amount of areolar tissue enters into its structure.—Dr. H. Bennet is of opinion, I think, that it is restricted to this part of the uterus; (b) its muscular fibres when they are fully developed after impregnation have all a circular arrangement; (c) it is probably supplied with a greater number of nerves belonging to the true spinal system of Dr. M. Hall than any other part of the uterus.

The changes which it undergoes during pregnancy are as follows:—During the early part it swells and becomes fuller, firmer and rounder than what it was before impregnation. After the fifth month of utero-gestation it commences to shorten and widen till eventually at about the termination of it, it is completely obliterated.

(4.) The ordinary position of the fœtus is with the head looking downwards. It is assumed at about the sixth month of pregnancy. It is maintained by some vital principle, for no sooner the child expires than it is changed. As the fœtus is capable of no other movements than those which are reflex in their character, Professor Simpson, of Edinburgh, has recently broached the opinion that it is these which keep it in its proper position.

The following are the circumstances which tend to disturb or derange this position (1) the death of the fœtus (2) its prematurity at the time of labor (3) any change in the form of the uterus and (4) external violence of some such physical cause.

(5.) In Placenta Prœvia, the blood flows chiefly from the uterine sinuses of the cervix uteri which have been lacerated by the separation of the Placenta and partly by regurgitation, of course in case of partial separation, from the open mouths of the veins of the maternal portion of the organ just mentioned. There is little or no hœmorrhage from the uterine arteries and not a single drop of blood escapes from the proper fœtal vessels.

The sole cause of this hœmorrhage is the normal act of dilatation of the os and cervix uteri which takes place during the first stage of labor.

Treatment.—When the flooding occurs previous to the setting in of actual labor-pains and when it is not excessive so as to place the life of the mother in jeopardy we are recommended to resort to palliative measures such, for instance, as keeping the patient cool and quiet, lowering her diet, using what is called the tampon and astringents such as the acetate of lead and opium. The remedies last mentioned are, I need hardly say, of little or no use in checking the hœmorrhage. Injections of cold water, as well as its application on what Dr. Tyler Smith calls the alternate plan to the vulva, perineum and the lower part of the abdomen are scarcely serviceable. When the bleeding is profuse and the mother's life, in consequence, in imminent danger, we should employ more active measures and at once try to deliver her. We are enabled to do this more easily when labor commences and the os uteri dilates. Even when it does not begin as the os is dilatable in cases of profuse hœmorrhage we are justified to introduce our fingers between the interval surface of the cervix uteri and the placenta and to perform the operation of version by bringing down the feet of the child after puncturing the ammolic bag. In this operation, the introduction of the hand and the turning of the fœtus should be done during an interval of pain and the extraction during pain. Dr. Radford of Manchester, and Professor Simpson of Edinburgh, advise in some cases, not in all, the extraction of the placenta itself in order to check the hœmorrhage. Dr. Churchill after mentioning several objections to this mode of procedure comes at last to the conclusion that it should only be resorted to in cases in which the woman is so much exhausted by the bleeding as to the unable to bear the shock of the operation of versiou or in which the uterine action has not ceased altogether and the pains are still pretty strong to expel the child afterwards.

(6.) The condition of the uterus immediately after a natural delivery is as follows—it is larger than in the unimpregnated state, globular in shape and its internal surface especially at the part where the placenta was attached resembles, according to M. Cruveilhier, a granulating ulcer and is covered with broken portions of the decidua. When a section is made through its walls, well marked uterine sinuses are observed and the texture of the organ itself feels less firm than in the virgin state.

The changes that take place in this organ during the ten following days consist in the diminution of its size and its restoration to a great extent to its unimpregnated state. How this is brought about whether by absorption or by simple contraction of the muscular fibres of the uterus remains yet, I think, to be decided.

CHUNDER COOMAR DAY.

MEDICAL JURISPRUDENCE.

1*st Answer.*—The symptoms of poisoning by Arsenic have been divided into two varieties viz. Narcotic and irritant. They generally commence with a feeling of faintness, nasuea and vomiting. There is a sense of constriction in the throat, the countenance becomes flushed and anxious, pain is felt in the throat and stomach. The vomited matters at first consist of the natural contents of the stomach, this gives place to mucus streaked with blood, and ultimately discoloured by bile. There is an intolerable burning pain in the Epigastrium, pressure causing the greatest agony. To this succeeds great prostration, extreme thirst, a pinched and hippocratic state of the countenance and Diarrhœa. The pulse is incompressible hard and wiry, and there is great restlessness. Sometimes instead of Diarrhœa you have the first stage of Dysentery, viz. the passing of slime and mucus attended with severe tenesmus, the urine is sometimes suppressed. These symptoms are followed by profuse clammy perspiration, a cold shrunken state of the skin and collapse. Generally Convulsions and Delirium set in and coma closes the scene.

The Post Mortem appearances are redness and inflammation of the stomach, throat, Osophagus and Mouth. Sometimes there are patches Echymosis, rarely ulcerations of the stomach. The inflammation extends to the upper portion of the Duodenum and very seldom indeed beyond it. Similar appearances are seen in the rectum from its great sympathy to the stomach, the anus is very often excoriated, the bladder may also be inflamed. Sometimes there is an Erythematous state of the integuments more especially about the neck.

In the Treatment of Arsenic there are two indications to be fulfilled viz. I. To remove the poison and II. To reduce the consequent inflammation. The first indication is to be fulfilled by means of the stomach pump, by which large quantities of tepid water are sent into the stomach. If vomiting does not occur we may induce it by tickling the fauces, large draughts of tepid water only giving an Emetic such as the Sulphate of zinc. As soon as a full evacuation has been procured, the hydrated peroxide of Iron may be given, this is the antidote for poisoning by Arsenic. After the poison has all been evacuated, to fulfill the second indication recourse must be had to Antiphlogistic measures according to the nature of the case. Such as bleeding general and local, fomentation to the stomach, where necessary. If the patient be thirsty mucilaginous drinks may be given. After the inflammation is reduced you give Hyocimus, &c. to sooth the system. For the Diarrhœa or Dysentery and excoriation of the Anus, you have recourse to the treatment recommended for each.

Tests of Arsenic.—Arsenic is white heavy substance of the appearance of porcelain, very sparingly soluble in water, having a great tendency to float on its surface, especially if in fine powder.

1st. When heated in a small glass tube with charcoal or black flux it is reduced to the metallic state, forming a ring of metallic lustre. 2nd. When heated with Hydrosulphuret of Ammonia a yellow precipitate, the Sulphuret of Arsenic is given. 3rd. Ammoniaco Sulphate of Copper gives a grass green precipitate,—called scheeles green. 4th. The Ammoniaco Nitrate of silver gives a yellow precipitate.

3rd.—Sulphuretted Hydrogen passed through an acidulated solution of Arsenic gives a deep yellow precipitate. This precipitate is insoluble in Alcohol and water, it is soluble in Ammonia, if heated with charcoal or black flux in a tube it gives the metallic ring of Arsenic.

4th. Reinsch's Test.—The suspected liquid is first acidulated with Hydrochloric acid and boiled with small plates of Copper. If the liquid contains any Arsenic, it will be deposited on the plates; this may be further proved to be Arsenic by the foregoing tests, viz. Ammoniaco—Nitrate of Silver and Ammoniaco Sulphate of Copper, Sulphuretted Hydrogen, and by the reduction test.

Marsh's Test.—This consists in disengaging Hydrogen gas by means of Sulphuric acid. Zinc and water, to this is added the suspected liquid. If there is any Arsenic present it combines with the Hydrogen, forming Arsenuretted Hydrogen. This gives a white colour to the flame when passed through a tube and set fire to, it stains a glass tube or piece of porcelain, with metallic acid, which on the addition of a little Nitrate of Silver and Ammonia immediately gives the yellow Arsenite of silver. Arsenic occurring mixed with Organic matter is distinguished by the last two Tests, viz. Reinsch and Marsh, but before applying them, the suspected liquid is boiled in Hydrochloric acid to separate the arsenic from the organic matter.

2nd Answer.—Poisons are supposed to be taken into the system by absorption; the agents in this process are the lymphatics and veins. The proofs of this process are I. the disappearance of the substance from the part. II. Its presence in distant structures, such as bone, &c. III. Its presence in the excretions, such as urine, saliva, &c. The proofs that the veins take an active part in the process are the following—

I. If any poisonous substance be applied to a wound it produces its effect, but if the vein or veins above the wound be secured by means of a ligature, those effects are not brought into play. II. All the tissues surrounding the thigh have been divided, except the blood-vessels, and a poisonous substance being applied to a wound in the foot, all the symptoms of that poison were shortly after developed.

I may here also give as an example, the former mode of poisoning, viz. “ Secret poisoning.” This was supposed, and I believe that there is no doubt now about it, that these were effected by absorption, through the skin. That substances are absorbed and produce their effects when applied to the skin is corroborated by the fact that Croton oil rubbed on the abdomen produces its purgative effects.

3rd Answer.—The chief circumstances to be noted in a case of death arising from wounds are

1st. The position of the body.

2nd. The parts covered with blood in their relation to the position of the body wounds &c.

3rd. The position and direction of the wounds.

4th. The position of the instrument by which the wounds were inflicted, provided if the instrument be there.

4th Answer.—Blood stains are distinguished by the following means—

I. Blood readily mingles with distilled water, giving it a pinkish or reddish appearance.

II. On putting some portion of this liquid under the microscope, if the blood be not decomposed, the characteristic biconcave discs of the blood will become apparent.

III. On boiling this liquid, a curdy precipitate of albumen is given; that its albumen is further proved by the addition of Nitric Acid or Bichloride of Mercury to the liquid when the same results take place.

IV. On adding common Liquor Ammonia to the liquid no change takes place, but a brownish colour is immediately given on adding strong Liquor Ammonia. These tests apply to Blood whether it be found on cloth, Silk, Steel &c.

The stains of Iron are distinguished from those of blood, by the negative signs, viz., the absence of Albumen, Ammonia causing no change whatever, and presenting no corpuscles under the microscope, it is further distinguished by its own particular tests, such as the Ferrocyanide of Potassium and Tincture of galls, &c. The Iron stains are the only stains that can really be confounded with those of blood. Other such, as stains caused by madder, Red paint, &c. are very easily distinguished by the Negative signs.

5th Answer.—The Tests for Carbonate are the following—That it is a Carbonate is known by its effervescing with acids, and forming a white precipitate with lime &c.

Tests of Lead.—1*st.* Hydrosulphuret of Lead gives a black precipitate.

2*nd.* Iodide of Potassium gives the yellow Iodide of Lead.

3*rd.* Sulphuretted Hydrogen gives a black precipitate.

4*th.* Sulphuric Acid gives the white Sulphate of Lead.

5th. If the solution of Carbonate of Lead be first acidulated with Hydrochloric acid and put into a platinum crucible and then a zinc rod passed into it so as to come in contact with the platinum, the lead is immediately deposited.

6*th.* If a piece of zinc be introduced into an acidulated solution of lead, beautiful crystals in an arboraceous form, forming the " Silver Tree."

Tests of Corrosive Sublimate.—1st. It is volatilized by heat. 2nd. It is soluble in water. 3rd. Protochloride of Tin gives a dense white precipitate. 4th. Iodide of Potassium gives a beautiful scarlet precipitate the Biniodide of Mercury. 5th. Potash gives a yellow precipitate. 6th. Sulphuretted Hydrogen gives a black precipitate. 7th. When a solution of Corrosive sublimate is put on gold and then touched with a piece of steel, the gold immediately becomes like silver at the point where the steel came in contact with it, the gold having received a coating of mercury.

Answer 6*th.*—In poisoning from Oxalic Acid you give Magnesia, Chalk, &c. to form harmless compounds. If this be not sufficient you have recourse to the stomach pump, during the stage of collapse stimulants are given.

G. H. Daly.

MEDICINE.

Answer to the 1*st Question.*—Cancers are those malignant growths which are developed in all the textures of the body when the blood is vitiated or perverted with cancerous matter wherever they appear they destroy the original and healthy structure and substitute some new materials in its stead. Many writers reckon these growths as inorganic but according to the established opinions of the present Pathologysts they are not viewed in that light on this ground because the principal part of their constituents consists of organic cells possessed with vitality. The process and pathology of their growth are still involved in the mysterious book of nature but the following serves to be the most generally received. Pathologysts of the present age are of opinion that previous to the formation of such growths the blood becomes vitiated by the generation of cancerous matter or cell in it, which, being effused from the containing blood vessels into the surrounding tissues, lay the foundation of the future product. The cancerous cells though few at first being thus deposited, begin to enlarge and multiply and thereby involve the surrounding healthy tissues either by Endogenous or Exogenous growth; eating away fibre by fibre insidiously, till they are at last fairly established.

There are three varieties of cancer, namely,

(1st.) The Schirrus.
(2nd.) Choloid.
(3rd.) Encephaloid.

These three forms are quite different from each other in their structure and external appearance; but before I describe these varieties separately I will say a few words of the elementary constituents of cancer in general. All cancers are composed at least of different proportions of the following elementary organs, namely,

(1st.) Cells of large size.
(2nd.) Granular cells, { Fatty. Molecular. Fibrinous.
(3rd.) Fibrous tissue of all varieties.
(4th.) Cellular tissue.
(5th.) Obliterated-blood vessels of the original structure.
(6th.) An amorphous stroma.

All the preceding structures contribute to the formation of the different kinds of cancer already enumerated, but at the same time with the more predominance of some, in one, than in the other. Having now described the different constituents of cancer in general I now revert to specify the characters of each variety both as seen by the naked eye and under the microscope.

(1st.) *Schirrhus.*—This is the most ordinary form of this malignant disease its color varies from whitish grey to brown but it is generally white very hard in consistence and communicates to the fingers when pressed the feel of a piece of cartilage; its border is very irregular and rather softer than the central part; in it the fibrous tissue greatly predominates, sometimes it appears in a undulated form.

Structure.—When a piece of it is viewed under the microscope; the fibrous tissue of which it is chiefly composed appear to arrange in a concentric manner presenting the appearance of circles put one within the other; the interspaces between these fibres being occupied by the cancerous cells of all variety.

2nd. *Choloid.*—This holds the second place both with regard to its structure and occurrence. This is not so hard to the feel as the other variety and is generally brown in color; composed of cells and fibres in sparing quantity.

(3rd.) The third form of cancer as enumerated is the Encephaloid so called from its resembling the cerebral matter in consistence; It purely consists of different kinds of cells as mentioned in the preceding embedded in an amorphus stroma.

Answer to the 3rd Question.—The Facial palsy or Paralyses of the facial muscles are characterized by the following symptoms.

Symptoms.—When the paralysis of the Facial nerve occurs in one side side it can be recognized by the contour of the face being lost; the muscles of the affected side being dragged to the sound side by their antagonists. The angle of the mouth is the principal part where this distortion is visible especially at the time when the patient laughs or expresses some gestures of like nature; the patient cannot blow, any musical instrument; Nor can, he hold any substance between his lips. The ale of the Nose does not delate at all; These are the most characteristic symptoms of a facial palsy. The temperature of the affected side is lower than sound one.

Palsy of the 5th pair of nerves is known by the following symptoms: The dropping down of the lower jaw; so that the patient cannot close his mouth; he cannot masticate his food; he cannot put out his tongue with facility and in case one side be affected, the tip of the tongue is little pulled towards the sound; sometimes the sensation of the part is impaired if the sensitive root be implicated in the lœsion.

Diagnoses.—In facial Palsy the muscles of mastication are not at all affected; whereas in this variety they are completely powerless. On the contrary very few of the muscles supplied by the facial nerve are involved in the palsy of the 5th pair of nerves.

Answer to the 4th Question.—In the natural state, the urine voided generally gives a feeble acid reaction to litmus paper owing to the presence of neutral lithates but this acidity is sometimes changed to alkalescence owing to the *generation of Phosphates constituting phosphatic Diatheses;* When the urine undergoes this change it then assumes a pale yellow color; turbid in appearance; its turbidity and opacity being increased by the application of heat which disappears on putting a few drops of Nitric acid. When decomposed it gives rise to ammoniacal smell. It generally presents a deposit in the vessel in which it is kept which settles on its bottom. If a drop of this urine be examined under the microscope it will be observed to contain crystals and granules of the following kinds.

(1st.) Amorphous granules of phosphates.
(2nd.) Prizmatic crystals of tripple phosphates of magnesia and ammonia.
(3rd.) Oxalates and the cystic oxide crystals.

The different varieties of alkaline urine according to my knowledge are the following.

(1st.) Urine containing granular phosphates.
(2nd.) Triple phosphates.
(3rd.) Oxalates. (Doubtful.)
(4th.) Cystic oxide crystal. (Doubtful.)

The Treatment of Alkaline consists in administering acid internally; and such food which contains acids. It takes a long time to correct the alkalinity.

Answer to the 5th Question.—Pleurisy, or Pleuritis as it has been called, is the inflammation of the Pleura; it is sometimes complicated with Pneumonia and then it is named *Pleuro* Pneumonia. This malady has been divided by writers into Acute and Chronic forms; and again for convenience of description and accordingly to the morbid phenomena which it presents during its progress it has been divided into different stages (namely)

(1st.) Dry Stage. (2nd.) Stage of effusion, { Fibrinous. Serous.
(3rd.) Stage of Absorption. (4th.) That of Adhesion and Retraction.

As the physical and general symptoms of this disease will be more intelligible after the description of the morbid changes which take place in the Pleural Cavity, than if they were described at first I shall therefore revert the question and first trace the morbid appearances that arise in each of the abovementioned stages.

Morbid Anatomy of Pleurisy

In the dry stage.—In this state if we open a patient's chest we generally observe the following phenomena.

(1st.) Roughness and Opacity of both the Parietal and Pulmonary layers of Pleura.
(2nd.) Redness, { Diffuse.
Punctiform.
Ramose or in patches.

In the second stage.—We find effusion of both Lymph and Serum takes place in the Pleural cavity.

With regard to the Lymph.—This substance when at first effused is of a whitish grey color and soft in consistence, but in process of time it is organized and form either bands of adhesion or false membranes between the lungs and thoracic parietes: These membranes are of various thickness. Sometimes very thin so as not to measure even a line in breadth, at others they are from half to an inch thick. Sometimes they are laminated; occasionally granular.

With regard to the Serum.—At first it is of a limited quantity and is either found between the lungs and parietes of the chest or settles in the bottom of the cavity, but subsequently when the effusion is in large quantity it continually presses on the lung till it occupies the whole cavity, compressing the organ to a small size towards the vertebral sulcus. In this stage the lung is so firm and tough as to appear like a piece of muscle and hence it is called *carnified.*

The color of the fluid varies in different subjects, it is ordinarily of a straw color but sometimes it is bloody, and then the disease is designated by the name of *Hæmothorax.* At others again the fluid is very thick in consistence. Suspending in it pieces of flocculent lymph; occasionally it is puriform. Its quantity varies from a ounce to several pints.

In the third stage.—The anatomical characters are very much the same as in the stage of effusion.

In the fourth stage.—A depression of the thoracic wall either general or local; and the total absence of the fluid effused.

Having described the morbid anatomy of the disease, I will next enumerate the most characteristic symptoms of this disease both Physical, General and Local.

Acute Pleurisy can be distinguished by the following symptoms:

Symptoms.—Fever of the Inflammatory variety commencing with rigors. Pain or Pleuritic *Stich* as it has been technically called Dyspnœa, Cough of the dry kind; Decubitus.

Now with regard to the fever.—The fever at first commenced with rigors; and then gives rise to the following symptoms; restlessness, lassitude, langour, and a disinclination to stir; flushed face, injected eyes and sometimes delirium; skin hot, dry and supple; tongue dry and covered with white fur throughout; thirst great. In appetency; costive bowels; high-coloured urine; breathing oppressed; pulse hard, *full* and frequent; in fact all the secretions and excretions are partly impaired.

Local Symptoms.—And first of the *pain;* it is very severe in its nature and has received the name of *Pleuritic stich;* The patient feels that some sharp pointed instruments penetrating through the thoracic parietes. Slight pressure over the intercostal spaces gives him pain, coughing, sneezing, and even slight movements of the body aggravate his sufferings.

Dyspnœa.—The patient does not take a full respiration on fear that his sufferings will increase; The respiratory movements are hurried and oppressed so that they rise 30 or 40 in a minute; he feels a great difficulty of breathing so much so that he is sometimes obliged to change his posture to relieve his discomfort and oppression.

Cough.—This is generally of a dry kind or sometimes attended with a transparent mucus expectoration.

Decubitus.—There is a variance in opinion regarding this point; some say that the patient feels easy when he lies on the opposite side while others affirm that he chooses to lie on the affected side. Dr. Watson says that the patient in the first stage of the disease, is comfortable when he lies on the opposite side; but when effusion of serum takes place in a large quantity he finds ease on lying on the affected side; because the weight of the fluid presses on the sound lung and gives rise to feelings of

Physical signs in the first Stage.

Inspection.—Motion of the chest increased.
Percussion.—Nothing remarkable.
Auscultation.—Weak Respiration.

Stage of effusion, first, of Lymph.

Inspection.—Increased motion.
Palpitation.—Vibration produced by the rubbing of the effused Lymph; vocal fremitus increased.
Mensuration.—Nothing remarkable.
Percussion.—Dull sound over the effused part.
Auscultation.—Friction sounds of all sorts; Respiratory murmurs very weak.

Stage of effusion, second, of Serum.

Inspection.—Bulging or expansion of the side. The Intercostal spaces protruding beyond the ribs; diminished motion of the side.

Palpitation.—Vocal fremitus not perceptible neither the Tussive.
Mensuration.—Circular measurement greater than that of the opposite side. Expansion and retraction not well marked. Increase of Antero Posterior Diameter.
Percussion.—Perfect dulness all over the part occupied by the effusion.
Auscultation.—Bronchial respiration and Œgophony when there is very little effusion, interposed between the lungs and the parietes. Respiration inaudible when there is a large quantity of fluid effused. Heart sounds also inaudible.
Succussion.—Heart displaced; when the effusion takes place in the right cavity of the Pleura the liver is then pressed down. The opposite healthy lung may be compressed also.
Stage of Absorption—When is the case the symptoms will take retrograde course towards the establishment of healthy function.

Stage of Retraction.

Inspection.—Depression or Procedentia.
Curvature of the Spine.
Diminished motion.
Mensuration.—Diminished circular or anteroposterior measurements. Expansion diminished.
Percussion.—Slightly dull.
Auscultation.—Respiration restored, but rather weak. Redux friction sound.

BRIJONATH BUNDOO.

Appendix E.

Anatomy and Physiology.

CERTIFICATES OF HONOR.

1st, Nilmadhub Mookerjee.
2nd, Mohes Chunder Ghose.
3rd, Behary Lall Ghose.

Descriptive Anatomy.

Silver Medal and First Certificate.

MOHES CHUNDER GHOSE.

CERTIFICATES OF HONOR.

2nd, Doorgadoss Kerr.
3rd, Nilmadhub Mookerjee.

Goodeve Medal,

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Gold Medal and First Certificate.

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6th, A. J. Meyer.

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5th, Brindabun Chunder Chatterjee.

Goodeve Scholar.

UMBIKA CHURN CHATTERJEE.

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Gold Medal and First Certificate,

G. H. DALY.

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4th, Umbika Churn Chatterjee.

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HAYATH BUKSH.

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